

Health Risk Behaviors of Anderson, Coffey, Franklin, and Osage Counties (FOCA) 1999-2000

State of Kansas
Bill Graves, Governor

Kansas Department of Health and Environment
Clyde D. Graeber, Secretary

Report Preparation:

Stephen Pickard, MD, Medical Epidemiologist, BHP
Brian Thompson, Research Analyst, BHP
D. Charles Hunt, MPH, Epidemiologist, BHP
Corinne Miller, DDS, PhD, Epidemiologist, BHP
Henri Menager, MPH, Epidemiologist, BHP
Mona Arnold, Research Analyst, BHP

Project Funding:

Funding for this project was provided by the Kansas Health Foundation, Wichita, KS. The Kansas Health Foundation is a philanthropic organization whose mission is to improve the health of all Kansans.

**Kansas Department of Health and Environment
Bureau of Health Promotion**

January 2001

ACKNOWLEDGEMENTS

This report was prepared by the Health Risk Studies Program of the Bureau of Health Promotion (BHP) within the Kansas Department of Health and Environment (KDHE). It is part of the Department's ongoing commitment to assess lifestyle-related health risks of Kansans. The health information contained in this report will assist public health leaders in effectively targeting program interventions that decrease the risk of chronic diseases, acute illnesses, injuries, and premature death.

Special recognition is extended to the survey staff who made the Behavioral Risk Factor Survey of Anderson, Coffey, Franklin, and Osage Counties possible. Their dedication and perseverance resulted in data that are highly representative of health behaviors of adult residents of the four county area.

Survey Director:

D. Charles Hunt, MPH

Survey Supervisor:

Monica Esquibel

Research Analyst

Mona Arnold

Telephone Interviewers:

Alicia Adame

Angel Alcala

Angelica Alvarez

John Blankenship

Ulises Cerca

Raynora Charles

Michael Christopher

Hayley Dobson

Eloisa Hernandez-Lopez

Joan Jimenez

Douglas Knighten

Allie Lauderback

Frances Gomez

Lynette Painter

Amanda Regalado-Cerga

Nicole Rias

Anjanette Schecher

A special thank you also goes to the staff of the Bureau of Health Promotion for sharing office space and equipment with interviewers, to the District 4 Juvenile Justice Authority for identifying community data needs and to the Kansas Health Foundation for providing the financial resources needed to collect behavior risk data for the FOCA survey. The survey staff also extend their thanks to the residents of Anderson, Coffey, Franklin and Osage Counties who participated in the survey.

The BHP welcomes comments and suggestions on the content and format of this report and on the data presented. Additional statistics not contained in this report may be available upon request. Please direct all comments, questions, and requests to:

Health Risk Studies Program Manager
Kansas Department of Health and Environment
Bureau of Health Promotion
Landon State Office Building, Suite 901N
Topeka, Kansas 66612-1290
(785) 296-1207

TABLE OF CONTENTS

Acknowledgments	i
Table of Contents	ii
Executive Summary	iv
<i>This chapter provides percentage estimates for a wide range of risk factors with comparison values from state data.</i>	
Survey Content	vii
<i>This chapter provides a detailed listing of the survey topics and issues within each topic which were covered by the survey.</i>	
Introduction	ix
<i>This chapter describes the leading causes of death in Kansas, the contribution of behavioral risk factors to premature disability and death, and provides Healthy Kansans 2000 objectives with baseline measurements from this survey and Kansas data.</i>	
Health of Children	2
<i>This chapter provides a detailed analysis of information about the health of the youngest child in the home. Included in the chapter is data regarding health status and risks to children in the home.</i>	
Parenting	3
<i>This chapter provides a detailed analysis of responses from parents with children regarding parenting practices in the household including time spent with children, supervision and household rules.</i>	
Violence and Crime	8
<i>This chapter provides detailed analysis of four risk factors - persons who believe their neighborhood is unsafe, persons who are afraid to leave their home at night, persons who have known or seen a victim of domestic violence during the past year, and persons who have witnessed a violent crime in their neighborhood during the past year.</i>	
Firearms	12
<i>This chapter provides detailed analysis of safe handling and storage of firearms.</i>	
Alcohol Use	14
<i>This chapter provides detailed analysis of responses to questions about the frequency and amount of alcohol consumed by the respondent, and frequency of driving after having had too much to drink.</i>	
Smoking and Passive Smoke Exposure	17

This chapter provides detailed analysis of two modules - smoking and passive smoke exposure.

Health Care Access and Insurance Coverage 6

This chapter provides detailed analysis from two modules - Health Care Access and Health Care Coverage. Three risk factors are discussed - lack of health care coverage, inability to see a doctor due to cost, and no usual source for health care.

Health Care Utilization

This chapter provides detailed analysis of three risk factors related to experiences using health care – low satisfaction with care, poor proximity to health care, and loss of access to a doctor.

Text of Questions and Response Frequencies 32

This chapter provides the text of each question and the weighted percentages for each response category in the survey.

Risk Factor Tables 63

This chapter provides detailed tables for the following risk factors:

Fair or Poor General Health	64	Any Activity Limitation	74
Lacked Health Care Coverage	64	Pain Limited Usual Activities	74
Unable to See a Doctor Due to Cost	65	Sad, Blue, Depressed	75
Lacked Usual Source of Routine Health Care	65	Worried, Tense, Anxious	75
Hypertension	66	Not Enough Rest of Sleep	76
High Blood Cholesterol	66	Not Very Healthy and Full of Energy	76
Overweight	67	Two or More Hours of TV Watched by Child	77
Diabetes Mellitus	67	No Rules about Program, Movie, and Video Game Content ...	77
Sedentary Lifestyle	68	Afraid to Leave Home at Night	78
Not Regular Physical Activity	68	Known or Seen Someone Hurt by Partner	78
Failed to Always Use Safety Belt	69	No Recent Dental Visit	79
Failed to Always Use Car Restraint (Children)	69	Need of Dental Services	79
Current Cigarette Use	70	Any Firearm in the Home	80
Smokeless Tobacco Use	70	Binge Drinking	80
Lacked Recent Mammogram	71	Injury Which Prevented Usual Activities	81
Lacked Recent Clinical Breast Exam	71	Exposure to Smoking in Home or Workplace	81
Lacked Either CBE or Mammogram	72	Low Satisfaction with Health Care	82
Lacked Recent Pap Smear	72	Poor Proximity to Health Care	82
Lacked Influenza Vaccination Ages 65 and Older	73	Lost Access to Doctor	83
Lacked Pneumonia Vaccination Ages 65 and Older	73	No Recent Tetanus Shot	83

Technical Notes 84

This chapter provides information regarding methodology, survey response rates, stratification of data, and data limitations.

EXECUTIVE SUMMARY

Health Status	FOCA	KS
Percentage reporting that in general their health was fair or poor	14	13 ^a
Health Care Access		
Percentage reporting no health insurance or other health care coverage	10	9 ^a
Percentage unable to see a doctor due to cost during the past 12 months	8	7 ^a
Percentage lacking a usual source of routine health care	11	14 ^c
Hypertension Awareness		
Percentage ever told by a health professional that they had high blood pressure	27	21 ^a
Cholesterol Awareness		
Percentage ever told they had a high cholesterol among those who had ever had their cholesterol checked	33	27 ^a
Overweight		
Percentage overweight	40	30 ^a
Diabetes		
Percentage ever told they had diabetes (except during pregnancy only)	6	5 ^a
Physical Activity		
Percentage not engaging in at least 20 minutes of leisure time physical activity at least three times per week	57	65 ^b
Percentage not engaging in at least 30 minutes of leisure time physical activity five times per week	80	83 ^b
Seatbelt Use		
Percentage who do not always use a seat belt when driving or riding in a car	38	46 ^c
Percentage of children 0 to 15 years not always restrained when riding in a car	17	23 ^c
Tobacco		
Percentage who currently smoke cigarettes	21	21 ^a
Percentage of non-smokers exposed to passive smoke	18	13 ^b
Percentage of males who use smokeless tobacco	10	10 ^c

Breast and Cervical Cancer Screening	FOCA	KS
Percentage of women ages 40 and older who have not had a mammogram in the past two years	29	24 ^a
Percentage of women ages 20 and over who have not had a clinical breast exam in the past two years	27	21 ^a
Percentage of women ages 40 and over who had not had both a mammogram and a clinical breast exam in the past two years	36	31 ^a
Percentage of women with a uterine cervix who have not had a pap smear within the past two years	21	15 ^a
Adult Immunization		
Percentage ages 65 and over who have not had an influenza vaccine within the past 12 months	37	33 ^a
Percentage ages 65 and over who have never had a pneumonia vaccine	44	45 ^a
Activity Limitations and Quality of Life		
Percentage with a limitation in activities, routine care, or personal care	16	12 ^a
Percentage with one or more days of the last 30 days where pain made it hard to do usual activities	20	21 ^a
Percentage with 14 or more days of the last 30 which they felt sad, blue, or depressed . .	7	5 ^a
Percentage with 14 or more days of last 30 days which they felt worried, tense or anxious	16	12 ^a
Percentage with 14 or more days of last 30 days during which they did not get enough sleep	25	22 ^a
Percentage with 14 or more days of last 30 days during which they did not feel very healthy and full of energy	34	23 ^a
Parenting		
Percentage of youngest children who watched two or more hours of TV on previous day	50	50 ^a
Percentage of households without rules about program, movie, and video game content	24	33 ^a
Social Context		
Percentage concerned about having enough food for family in the past 30 days	4	3 ^c

Health of Children	FOCA	KS
Percentage of children in fair or poor health	2	2 ^c
Percentage of children with an activity limitation	5	6 ^c
Percentage of children unable to see a doctor due to cost during the past year	5	6 ^c
Percentage of children without health care coverage	5	12 ^c
Percentage of children living in a household with a gun	53	NA
Percentage of children living in a household with a gun which is loaded and unlocked . .	2	NA
Violence		
Percentage knowing or seeing someone who was beaten or otherwise hurt by a husband, wife, boyfriend or girlfriend in the past year	13	30 ^d
Percentage who perceive their neighborhood as slightly safe or not at all safe	6	15 ^c
Percentage very, somewhat or a little afraid to leave their home at night	12	31 ^d
Percentage who witnessed a violent crime in their neighborhood in the last year	4	8 ^d
Oral Health		
Percentage with no dental visit in the past two years	27	21 ^d
Percentage in need of dental services such as fillings, crowns, root canals, teeth pulled, dentures or partials	21	15 ^d
Alcohol		
Percentage having five or more drinks of alcohol on an occasion, one or more times during the past 30 days.	13	12 ^a
Firearms		
Percentage with firearms in or around the house	47	NA
Injury		
Percentage with injury during past year severe enough to stop usual activities for one or more days	12	10 ^b
Preventive Care		
Percentage without tetanus shot in the past 10 years	29	27 ^c

Health Care	FOCA	KS
Percentage rating their health care as fair or poor	11	NA
Percentage rating proximity to health care as fair or poor	11	NA
Percentage losing access to doctor in past two years due to job, cost, money owed, or provider absence	15	NA

^a 1999

^b 1998

^c 1997

^d 1996

NA=Not Available

Survey Content

For the complete text of each question and response frequencies, see page 39.

CORE MODULES	
<p>Health Status Self-perceived health</p> <p>Health Care Access Insurance coverage Type of insurance Length of time without health insurance Inability to see doctor due to cost Source for routine care Time since last check-up</p> <p>Hypertension Awareness Last blood pressure check Diagnosis of high blood pressure</p> <p>Cholesterol Awareness Last blood cholesterol check Diagnosis of high blood cholesterol</p> <p>Diabetes Diagnosis of diabetes mellitus</p> <p>Exercise Frequency and duration of leisure time exercise</p> <p>Seat belt use Frequency of use of seat belt Frequency of use of seat belt by oldest child</p> <p>Tobacco Use Current and former smoking status Number of cigarettes consumed Quitting for 1+ days during the past 12 months Elapsed time since quitting</p> <p>Smokeless Tobacco Use Prior use of smokeless tobacco Current use of smokeless tobacco</p> <p>Demographics Age Sex Race Hispanic ethnicity Marital status Ages of children in the home Educational attainment Employment Income Height and weight Zip code</p>	<p>Women's Health Elapsed time since last mammogram Reason for last mammogram Elapsed time since last clinical breast exam Reason for last clinical breast exam Elapsed time since last pap smear Reason for last pap smear Current pregnancy</p> <p>Immunization Flu shot during the last 12 months Lifetime pneumonia shot</p> <p>HIV/AIDS Self-perceived risk for acquiring HIV infection Elapsed time since last blood test for HIV Reason for last blood test for HIV Location of last blood test for HIV Receipt of test results</p> <p>Quality of Life Activity limitation Cause of activity limitation Duration of activity limitation Limitation in personal care Limitation in routine care Limitation due to pain Frequency of feeling sad, blue or depressed Frequency of feeling worried, tense or anxious Frequency of insufficient sleep or rest Freq of feeling very healthy and full of energy</p>

FOCA SELECTED OPTIONAL MODULES

Health of Children

General health
Activity limitation
Access to care
Last checkup
Usual source of care
Food stamps
Parents in the household

Parenting

Age of oldest child
Relationship between respondent and child
Parent who spends the most time with the child
Oldest child dividing time between households
Duration of television watching by oldest child
Activity shared with oldest child
Family rules
Where oldest child goes after school
Adult supervision after school
Time spent in day care (oldest child ages 1 - 4)

Violence and Crime

Fear of leaving house at night
Witnessed a violent crime in neighborhood
Known a victim of domestic violence

Social Context

Safety of neighborhood
Home ownership
Duration of residence at current address
Adequacy of emotional support
Concern about not enough food for family

Oral Health

Last visit to dentist
Reason for not visiting dentist
Tooth loss
Dental insurance
Unmet dental care needs

Firearms

Presence of firearms around home
Type of firearms kept
Reason for keeping firearms
Keeping of firearms loaded and unlocked
Carrying of loaded firearm
Use of firearm to confront another person
Attendance at firearm safety training
Ownership of firearms

Alcohol Consumption

Any consumption of alcohol
Frequency and quantity of alcohol consumption
Drinking and driving during the past month

Injury Prevention

Working smoke detector in home
Testing of smoke detector
Experiencing a fall during the past 12 months
Severity of injury associated with fall

Passive Smoke

One or more persons smoking inside the house
Working outside the home
Workplace restrictions on smoking

Health Care Coverage

Reason for not having health care coverage

Health Care Utilization

Satisfaction with health care
Source of care when sick
Proximity to usual place of health care
Time and reason for last changing doctor

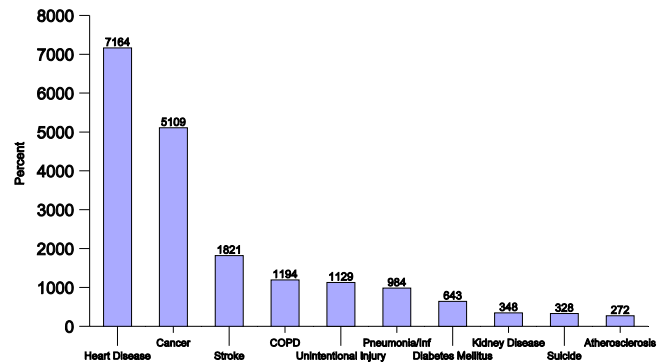
Preventive Care

Last tetanus shot

INTRODUCTION

Every year thousands of Kansans die prematurely or suffer disability from chronic diseases (e.g. heart disease, cancer, diabetes), communicable diseases (e.g. influenza and pneumonia) and injuries. A substantial portion of the morbidity and premature death could be prevented through reduction of the behaviors which increase the risk for disease or injury, modification of the environment in which we live, and appropriate use of preventive health services. It has been estimated that 80% of the factors leading to premature death are modifiable. Examples of lifestyle behaviors which contribute to chronic diseases include cigarette smoking, physical inactivity, and poor eating habits. Our environment consists of everything around us including our homes, vehicles, worksites, farms, and highways. Preventive health services which are underutilized include immunizations, routine check-ups, and breast and cervical cancer screenings.

Ten Leading Causes of Death Among Kansans in 1998



To effectively lower the rate of premature mortality and morbidity, public health leaders need reliable data to formulate intervention strategies, justify the use of resources to support these strategies, evaluate the impact of interventions and programs, and propose new policies. The Behavioral Risk Factor Surveillance System (BRFSS) is designed to provide such data. To do so, it assesses and monitors health risk trends over time by collecting data on behaviors, knowledge, attitudes and other factors that contribute to the leading causes of death. Beginning in 1998, the Kansas Health Foundation funded a project to use a modification of the BRFSS to collect community level data in twelve local areas around Kansas. This document summarizes results from one of those local areas.

Healthy Kansans 2000 was a process similar to Healthy People 2000 which set health objectives for the state and provided baseline data against which to measure progress achieving the objectives. Many of the objectives in Healthy Kansans were designed to be measured by the BRFSS. The table on the next page lists the objectives from Healthy Kansans 2000 which can be measured using BRFSS data and provides the measures for each objective for Anderson, Coffey, Franklin and Osage Counties and Kansas.

Healthy Kansans 2000 Objectives	FOCA 1999-2000 %	Kansas %
Reduce the prevalence of being overweight among Kansans aged 18 and older.	40	30 ^a
Increase the proportion of Kansans engaging in regular physical activity at least 5 times a week for at least 30 minutes.	20	17 ^b
Decrease the proportion of Kansans engaging in no leisure time physical activity.	35	38 ^b
Reduce the prevalence of current smoking among adults \$ 18 years of age.	21	21 ^a
Reduce smokeless tobacco use by males aged 18 and older.	10	10 ^c
Increase the proportion of women aged 50 and older who have received a clinical breast exam and a mammogram within the past 2 yrs.	64	69 ^a
Increase the proportion of women aged 18 and older with a uterine cervix who have ever received a Pap smear test.	96	95 ^a
Increase the proportion of women aged 18 and older with a uterine cervix who have received a Pap smear test in the past 2 yrs.	79	85 ^a
Increase the proportion of adults with health care coverage.	90	91 ^a
Reduce the proportion of adults not seeking health care due to cost.	8	7 ^a
Increase the proportion of Kansans who have a specific source of primary care for their ongoing preventive and episodic health care.	89	86 ^a
Increase the proportion of non-institutionalized adults aged 65 and older who have ever been vaccinated for pneumonia.	56	55 ^a
Increase the proportion of non-institutionalized adults aged 65 and older who have been vaccinated for influenza in the past 12 months.	63	67 ^a
Increase the proportion of adult Kansans who have had their cholesterol checked in the past five years.	65	69 ^a
Increase the proportion of adults who report always using their seat belt.	62	54 ^a
Increase the proportion of children aged 0 through 4 who always ride in a safety seat.	92	95 ^c

^a 1999

^b 1998

^c 1997

Firearm in home: *Households with children for which the respondent reported a firearm in or around the home.*

Passive smoke in the home: *Households with children for which the respondent reported that one or more persons smoked inside the house.*

Unsafe neighborhood: *Households with children for which the respondent reported that their neighborhood was either slightly safe or not at all safe.*

Limited Food: *Households with children for which the respondent reported being concerned about having enough food during the last 30 days.*

Low income: *Households with children for which the respondent reported a total household income less than \$20,000.*

Not always wear a seatbelt: *Households with children for which the respondent reported the oldest child less than 15 years old did not always use a seatbelt or safety seat when in a car.*

Activity limitation: *Households with children for which the respondent reported that the youngest child was limited in activities by an impairment or health problem.*

Lack health insurance: *Households with children for which the respondent reported that the youngest child did not have any health care coverage.*

Health of Children

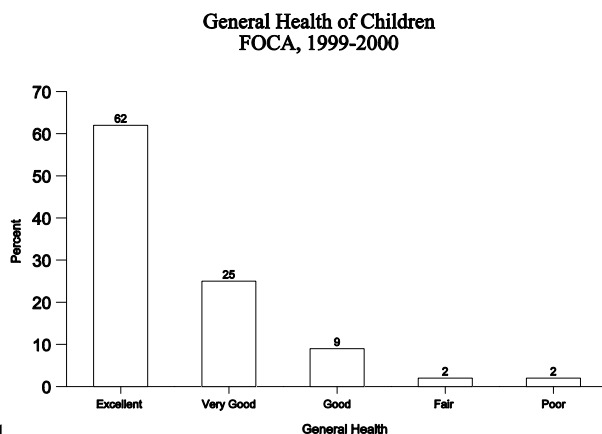
Background

Many of the same factors that put adults at risk of poor health outcomes put children at risk. However, in children the risk may be greater than that of adults because of the developmental growth of children. In circumstances in which a behavioral choice is possible (accessing a gun, wearing a seat belt), the risk may be greater for children because of their lack of judgement. Over half the respondents had no children in the household; therefore, sample sizes are inadequate to permit detailed stratification of many of the risk factors. Because the results in this module estimate the prevalence of risk factors among children, the weighting variables used for these estimates were based on the number of telephone lines in the household and the census estimates for age strata of children in the four county area.

Two percent of children were reported to be in fair or poor health in the four county area covered by this survey which was the same as the percentage reported statewide in 1997 (2%).

Five percent of children were reported to have an activity limitation compared to 6% statewide in 1997 (among households with children).

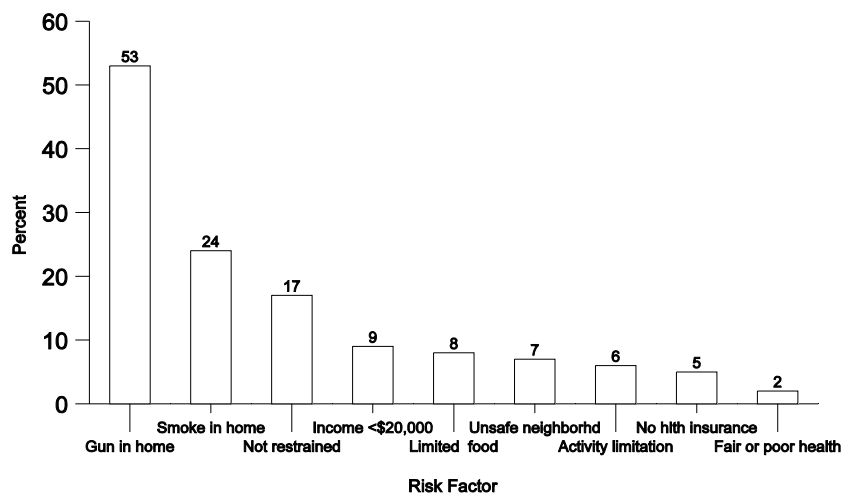
Five percent of children in the FOCA area were reported by parents as being unable to see a doctor due to cost during the past year, and 5% were reported to have no form of health care coverage. Ninety-seven percent were reported to have one or more providers to which the



child would usually go for health care.

Seventeen percent of children ages 0-15 were not always restrained in a car seat or safety belt when riding in a car. Children who were older and from households with lower incomes were less likely to always be restrained. Fifty-three percent of children lived in households with a gun; however, only 2% lived in a household in which guns were kept loaded and unlocked. Seven percent of children lived in unsafe neighborhoods.

**Risk Factor Prevalence Among Children
FOCA, 1999-2000**



Twenty-four percent of children lived in households in which one or more adults smoked in the house. Eight percent lived in households in which the parent reported being worried about having enough to eat during the past 30 days, and 9% of children lived in households with incomes less than \$20,000 per year.

Two hours of television: *Respondents who reported that youngest child ages 1-17 watched two or more hours of television on the previous day*

Media content exposure: *Respondents who reported no rules about program/movie content or no rules about video game content for youngest child*

Parenting

Raising children to be self-regulating individuals of emotional, mental, and physical maturity is clearly one of the important functions of the family. While models of family interaction exist which identify some of the factors which shape the development of children, much is not understood. Patterns of belief (values, attitudes, expectations), social environment (communication, organization, roles, rules) and behavior (modeling, positive and negative reinforcement, consistency) in families have all been shown to impact the acquisition of behaviors by children which promote or fail to promote health and well being. Factors which have been consistently found to impact negatively on the healthy maturation of children include lack of clear expectations, excessively rigid or excessively lenient behavioral boundaries, harsh or inconsistent punishment, high levels of conflict between family members, positive parental attitudes toward harmful behaviors (e.g., drug use), low emotional cohesion between family members, poor communication, and parents who are not mutually supportive.

Other survey data collected from children (Kansas Communities that Care) can provide county level data for many of these factors as perceived and reported by children. The parenting module in this survey provides measures of risk factors and health behaviors (e.g., time spent with children, communication, supervision, exposure to media, family structure) reported by a parent or guardian.

How much television is too much? Is it acceptable for some children to be unsupervised after school? How much time should parents spend talking to their children. This data does not attempt to answer these questions, but rather attempts to identify the prevalence of behaviors which may place children at heightened risk. The number of children at risk was sufficient for detailed analysis of two risk factors 1) “Media content exposure” defined as *no rules about program/movie content or no rules about video game content* identifies a sub-group of children who may be at increased risk of exposure to media violence or sexuality, and 2) “Two hours of television” defined as *watching two or more hours of television on the previous day* identifies a subgroup of children who may be at risk for limited physical activity, limited social interaction, or excessive exposure to media content from television viewing.

Who’s at Risk in Anderson, Coffey, Franklin and Osage Counties

Fifty percent of the children were reported to have watched two or more hours of television on the day prior to the interview; this compared to 54% of children statewide in 1999. Nearly a fourth (23%) of children in FOCA counties had watched three or more hours of television on the previous day. The percentage of children watching two or more hours of television increased with increasing age of the child. Over 70% of children ages 16 and 17

watched two or more hours compared to about half of those between ages 5 and 15 and one-third of those less than four years old. The percentage of children watching two or more hours of television decreased with rising household income. Other factors which appeared to be associated with watching two or more hours of television included being unsupervised after school one or more days per week, living in Anderson County, not having rules about the content of video games or the content movies and programs the child was allowed to view, and not having rules about the number of hours of television which the child could watch.

Approximately three-fourths of interviewed parents reported having both helped the youngest child ages 5-17 with homework at least once during the past week and participated in a physical activity at least once with the child during the past week. For each of these activities, approximately 50% of respondents reported three or more times during the past week during which they participated in the activity with the child. Nearly three-quarters of parents report giving the youngest child ages 5-17 a chore to complete on five or more days during the past week. Among those children who were in school at the time of the interview, 89% were supervised by an adult every day after school.

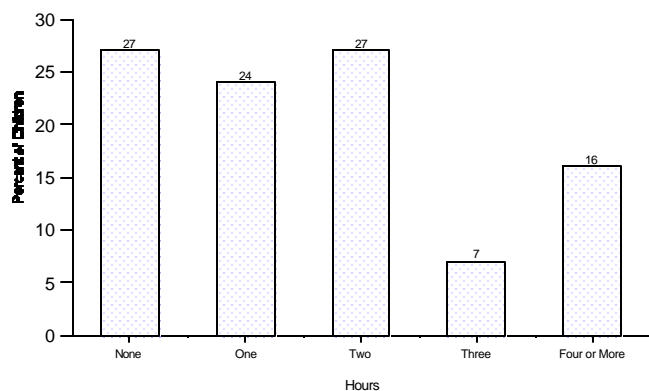
Over 90% of parents reported having rules about bedtime on school nights (94%) and rules about which programs and movies the youngest child was allowed to watch (91%). However, only 80% had rules about the video games the youngest child was allowed to play and 59% had rules about the amount of television viewing permitted. We defined a child as being at risk for media content exposure if parents did not have rules for both video games and program/movie content. Twenty-four percent of children were at risk. Risk was more prevalent among children ages 16 and 17 and among children in households with incomes less than \$20,000. Risk prevalence generally decreased with increasing education of the respondent. Other factors which appeared to be associated with increased risk for media content exposure were absence of rules for bedtime on school nights, absence of rules for number of hours of TV viewing permitted, and living in Anderson or Franklin County.

Among children ages 1-4 years old, 54% did not spend any time in day care; 24% of children were in day care part time (less than 40 hours) while the remaining 22% were in day care 40 hours or more. Only 7% of parents reported not having participated in a physical activity during the past week with their youngest child, and 12% reported that they had not read to the child during the past week.

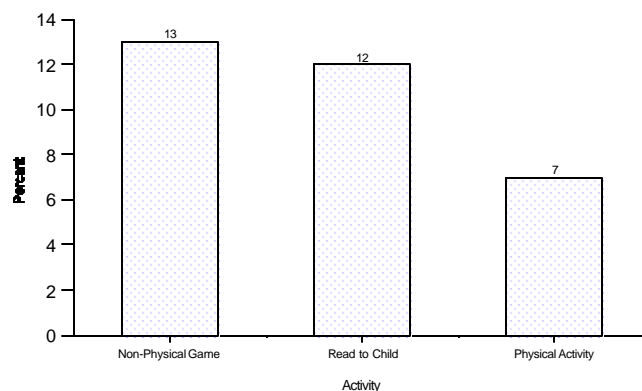
Soubhi, H., Potvin, L.(2000) Homes and families as health promotion settings. In: Poland BD, Green LW, Rootman I (eds.) Settings for health promotion: linking theory and practice. Thousand Oaks: Sage Publications.

Governor's Substance Abuse Council (1999). Kansas planning framework. State Incentive Cooperative Agreement, Federal Center for Substance Abuse Prevention.

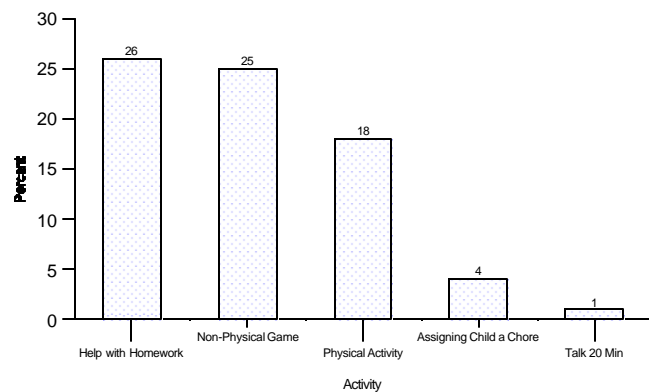
Number of Hours of Television Watched on Previous Day by Children
FOCA, 1999 - 2000



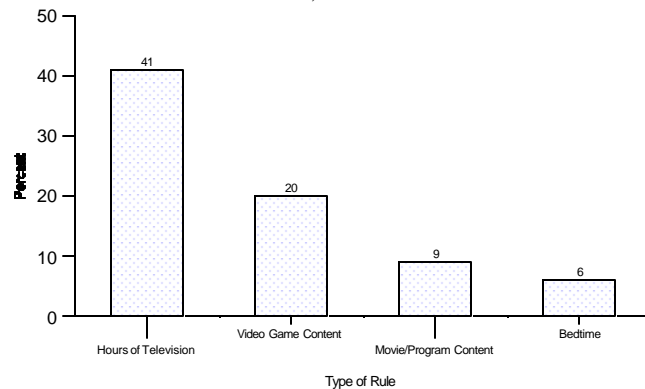
Percentage of Parents Not Participating in Activity with Child in Last Seven Days Among Children Ages 1-4, by Activity
FOCA, 1999 - 2000



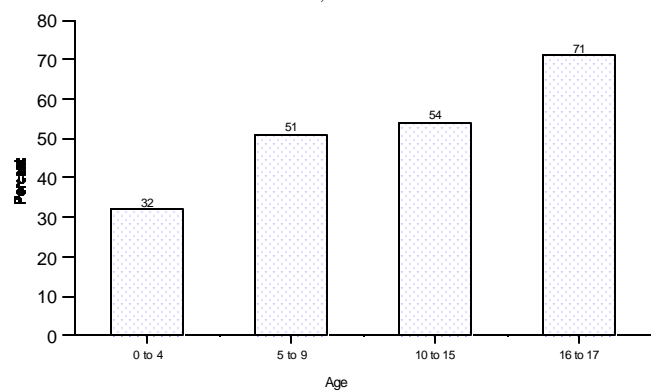
Percentage of Parents Not Participating in Activity with Child in Last Seven Days Among Children Ages 5-17, by Activity
FOCA, 1999 - 2000



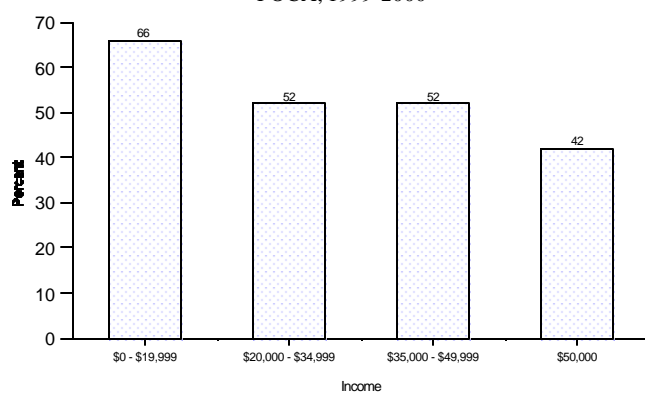
Percentage of Households Without Family Rules Among Children Ages 5-17, by Type of Rule
FOCA, 1999 - 2000



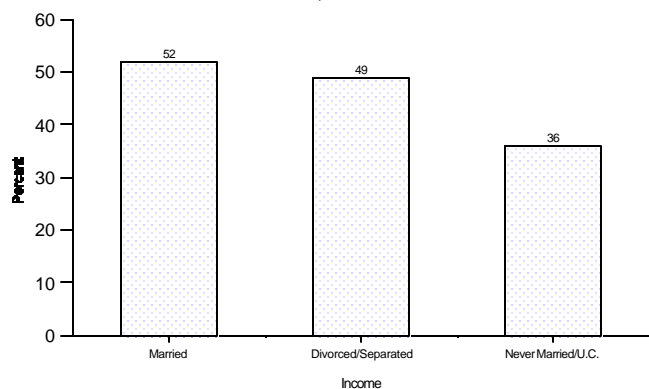
Percentage of Children Watching Two or More Hours of Television on Previous Day, by Age of Child
FOCA, 1999-2000



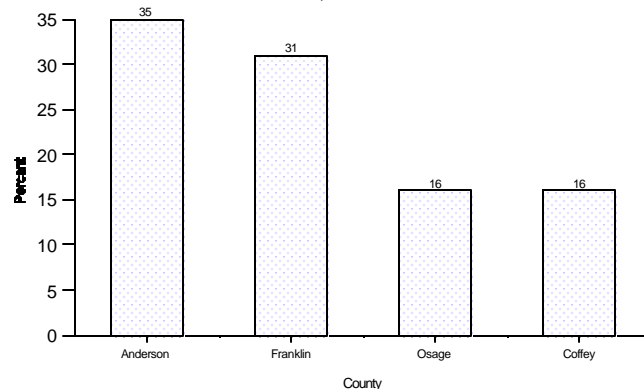
Percentage of Children Watching Two or More Hours of Television on Previous Day, by Household Income
FOCA, 1999-2000



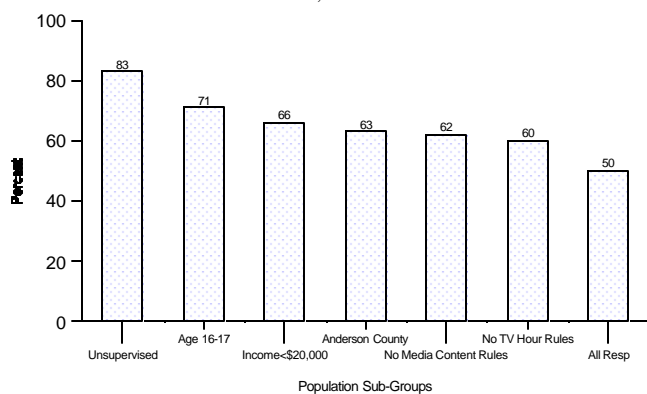
Percentage of Children Watching Two or More Hours of Television on Previous Day, by Marital Status of Respondent
FOCA, 1999-2000



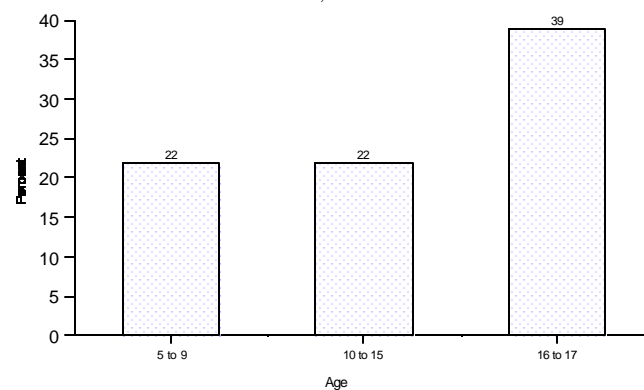
Percentage of Children Without Rules Regarding Which Video Games, Programs and Movies Can Be Viewed, by County
FOCA, 1999-2000



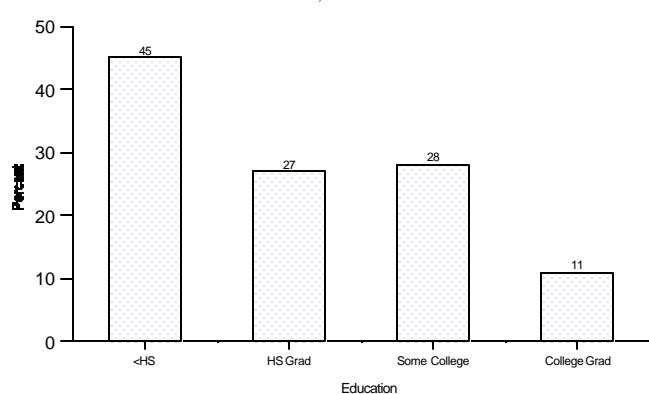
Percentage of Children Watching Two or More Hours of Television on Previous Day, by Population Sub-Groups
FOCA, 1999-2000



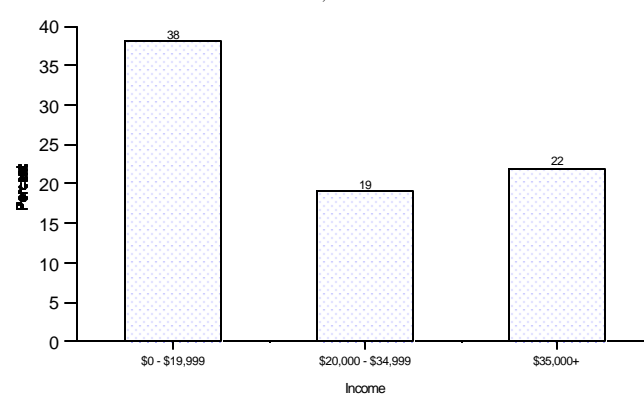
Percentage of Children Without Rules Regarding Which Video Games, Programs and Movies Can Be Viewed, by Age of Child
FOCA, 1999-2000



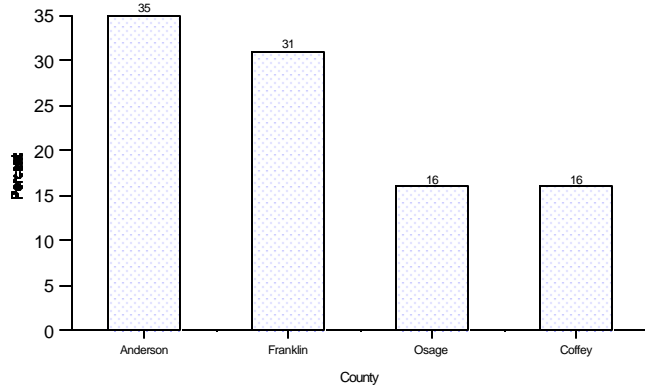
Percentage of Children Without Rules Regarding Which Video Games, Programs and Movies Can Be Viewed, by Education of Respondent
FOCA, 1999-2000



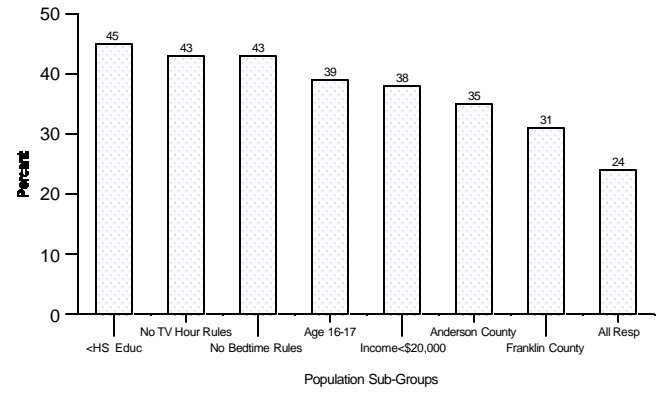
Percentage of Children Without Rules Regarding Which Video Games, Programs and Movies Can Be Viewed, by Household Income
FOCA, 1999-2000



Percentage of Children Without Rules Regarding Which Video Games, Programs and Movies Can Be Viewed, by County
FOCA, 1999-2000



Percentage of Children Without Rules Regarding Which Video Games, Programs and Movies Can Be Viewed, by Population Sub-Group
FOCA, 1999 - 2000



Live in an unsafe neighborhood: *Respondents who consider their neighborhood to be unsafe or slightly safe.*

Afraid at night: *Respondents who report they are very, somewhat, or a little afraid to leave their home at night.*

Witness to violence: *Respondents who report having seen a violent crime in their neighborhood during the past year.*

Aware of domestic violence: *Respondents who report that they have known or seen someone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend during the past year.*

Violence and Crime

Background

Every violent crime involves at least three tragedies - that of the victim who may or may not completely heal his or her physical and emotional injuries; that of the perpetrator, whether juvenile or adult, whose choice to hurt others is self-destructive; and that of the community where bonds of trust and security, which create attachment to the community, are strained or broken. Violence has no simple cause but rather is the end result of myriad contributing factors including exposure to media violence, tolerance for violence in the home and in schools, alcohol and drug use, mental illness, easy access to weapons, lack of appropriate role models, poor parenting, poverty and injustice, lack of supervision of juveniles, social ostracism, and even boredom (NCICP, 1989, GSAC, 1999).

While the data presented here cannot define and measure each of the many contributing factors, it does provide some baseline measures for the prevalence of violence and the impact violence has on community residents. Two of the questions from the survey: *How afraid are you to leave your home at night?* and *How safe from crime do you consider your neighborhood to be?* directly measure the effect of violence on personal security. Two other questions - *When was the last time you saw a violent crime in your neighborhood?* and *During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?* are measures of violence exposure and act as indirect indicators of the prevalence of violence. (Note: Questions which ask persons about their own violent behavior are unlikely to give accurate results, and questions about personal victimization by domestic violence may pose a threat to the respondent, so they are not asked during routine surveying. In responding to the question *During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?* some persons appear to include themselves in the answer and others do not, so the question cannot be considered an accurate measure of domestic violence prevalence, yet may be sufficiently consistent over time to be a usable marker.)

Who's at Risk in Anderson, Coffey, Franklin and Osage Counties

Six percent of respondents reported living in an unsafe or slightly safe neighborhood, compared to 15% statewide in 1997. Three percent of respondents reported having witnessed a violent crime in their neighborhood during the past year. This was substantially lower than the 8% reported statewide in 1996.

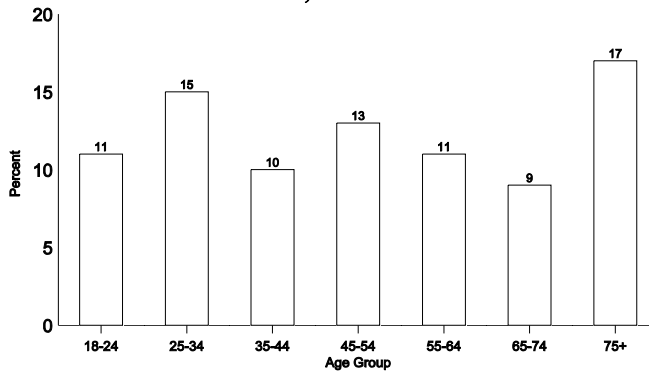
Twelve percent of respondents reported being afraid to leave their home at night which was substantially lower than the statewide percentage (31%) reported in 1996. Being afraid to leave home at night was not clearly associated with age, but was highest among persons ages 75 and older. Women were much more likely than men to report being afraid to leave home at night (20% vs 3%). Fear of leaving home at night decreased with rising education and rising income. Other factors which appeared to be associated with fear of leaving home at night included living in an unsafe neighborhood, being widowed, having witnessed a crime during the past year, having known or seen a victim of domestic violence, and living in Franklin County.

Thirteen percent of respondents reported having known or seen a victim of domestic violence. This was substantially lower than the percentage observed statewide in 1996 (30%). Knowing or seeing a victim of domestic violence rose with rising education and appeared to be higher among persons making \$35,000 or more than among persons making less than \$35,000. This is consistent with patterns seen statewide in 1996. Other factors which appeared to be associated with having known or seen a victim of domestic violence during the past year included having witnessed a crime during the past year, living in an unsafe neighborhood, being in the age group 25 to 34, living in Anderson County, and being divorced or separated.

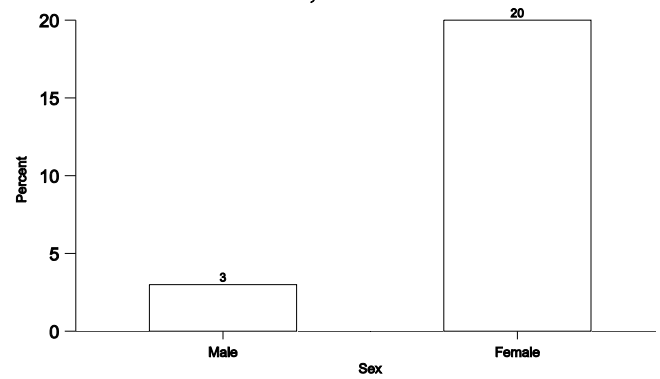
The National Committee for Injury Prevention and Control. (1989) Injury prevention: meeting the challenge. New York: Oxford University Press.

Governor's Substance Abuse Council. (1999). Kansas planning framework. State Incentive Cooperative Agreement, Federal Center for Substance Abuse Prevention.

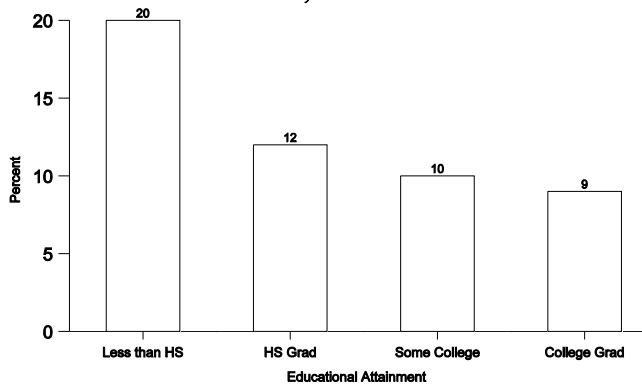
Percentage of Respondents Who Report Being Afraid to Leave Their Home at Night, by Age Group
FOCA, 1999-2000



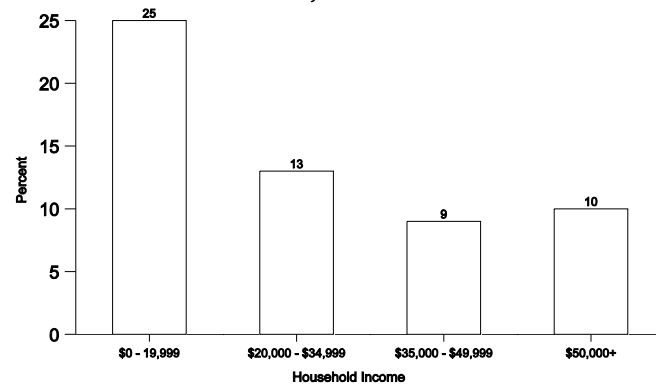
Percentage of Respondents Who Report Being Afraid to Leave Their Home at Night, by Sex
FOCA, 1999-2000



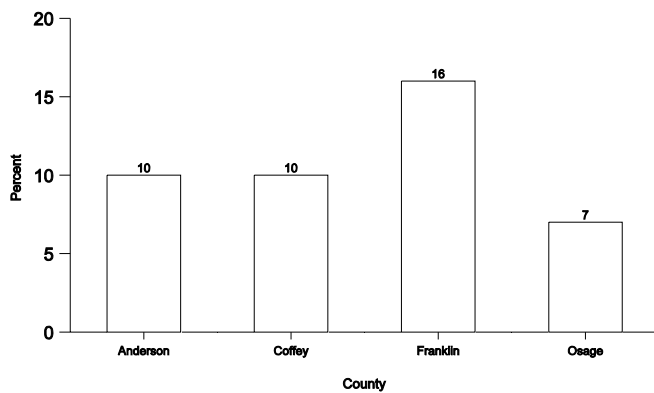
Percentage of Respondents Who Report Being Afraid to Leave Their Home at Night, by Educational Attainment
FOCA, 1999-2000



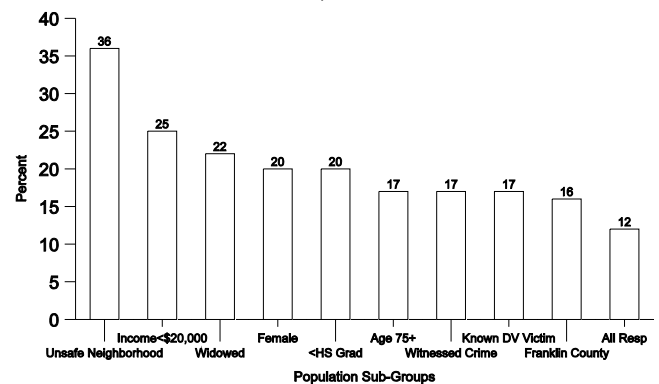
Percentage of Respondents Who Report Being Afraid to Leave Their Home at Night, by Income
FOCA, 1999-2000



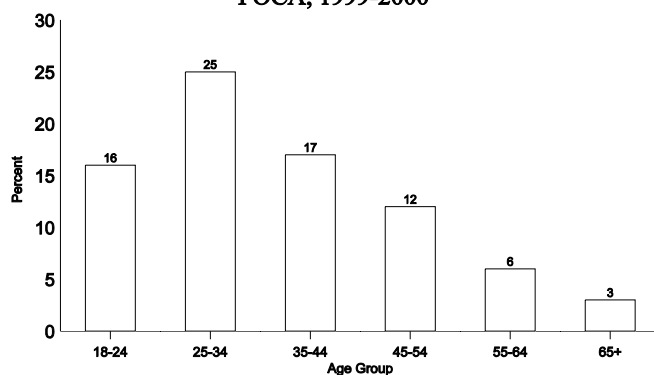
Percentage of Respondents Who Report Being Afraid to Leave Their Home at Night, by County
FOCA, 1999-2000



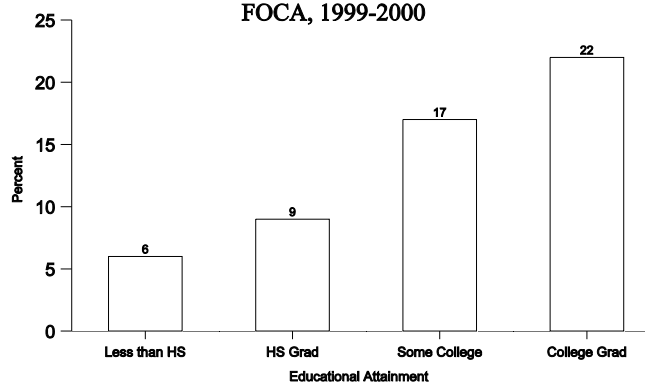
Percentage of Respondents Who Report Being Afraid to Leave Their Home at Night, Among Population Sub-Groups
FOCA, 1999-2000



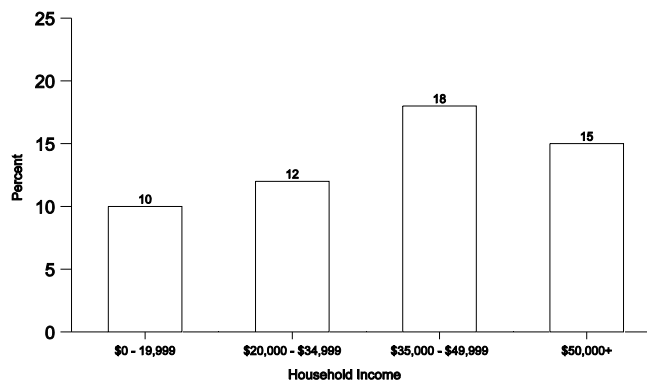
Percentage of Respondents Having Known or Seen Someone Hurt by Partner During the Past Year, by Age Group
FOCA, 1999-2000



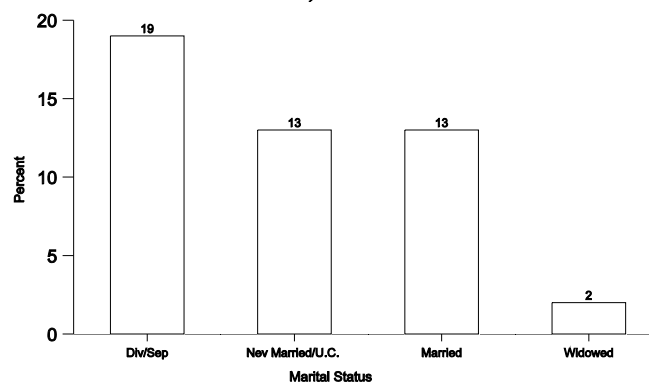
Percentage of Respondents Having Known or Seen Someone Hurt by Partner During the Past Year, by Educational Attainment
FOCA, 1999-2000



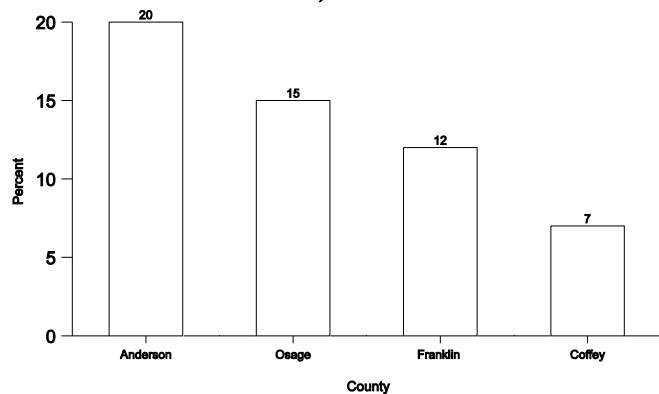
Percentage of Respondents Having Known or Seen Someone Hurt by Partner During the Past Year, by Income
FOCA, 1999-2000



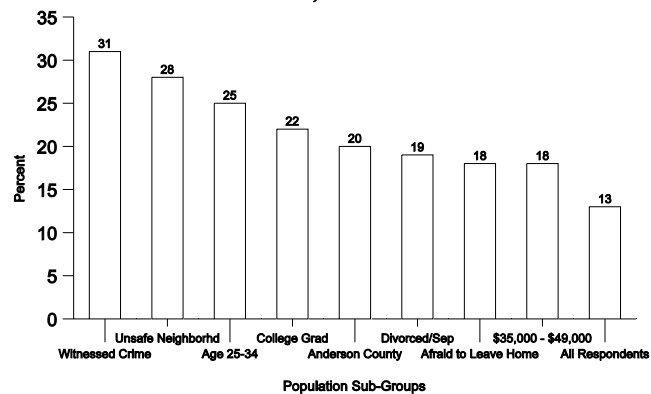
Percentage of Respondents Having Known or Seen Someone Hurt by Partner During the Past Year, by Marital Status
FOCA, 1999-2000



Percentage of Respondents Having Known or Seen Someone Hurt by Partner During the Past Year, by County
FOCA, 1999-2000



Percentage of Respondents Having Known or Seen Someone Hurt by Partner During the Past Year, Among Population Sub-Groups
FOCA, 1999-2000



Any firearm in the home: Respondents who reported keeping a firearm in or around the home including garage, storage area, or motor vehicle.

Firearm loaded and unlocked: Respondents who reported keeping a firearm in or around the home which is both loaded and unlocked.

Firearms

Background

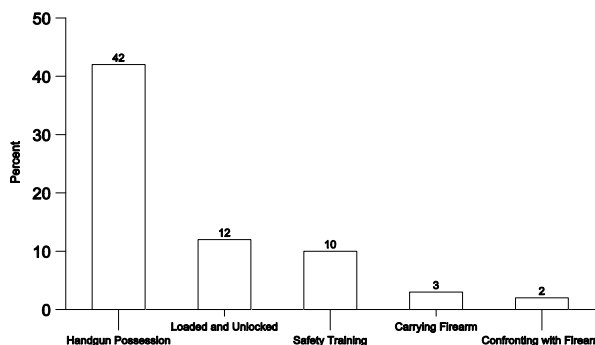
In 1998 in Kansas, 327 persons died of firearm related injuries making it a more common cause of death than either kidney disease or liver disease. An analysis of Kansas firearm related deaths from the early 1990's found that over 90% of firearm fatalities were intentional. Approximately three-fifths of persons who died of firearm injuries in Kansas died of self-inflicted wounds; one-third were victims of homicide, and the rest died from unintentional wounds. Both Kansas and the US have experienced a decline in firearm related deaths since the rate peaked in 1993. The reasons for the decline are unknown, although a variety of reasons have been proposed (prevention programs, legislation, economic conditions, law enforcement). Understanding how citizens in a community use and store firearms may be important to a community which is undertaking efforts to prevent firearm related injury and death.

Who's at Risk in Anderson, Coffey, Franklin, and Osage Counties

Forty-seven percent of respondents reported keeping a firearm in or around the home and 20% of respondents reporting keeping a handgun. The main reason reported for keeping a firearm was hunting or sport (81%); 6% reported that their main reason for keeping a firearm was protection. Sixty-four percent of those keeping a firearm around the home reported that one or more of the firearms belonged to them personally. Only 9% reported having attended firearm safety training within the past three years.

Firearm ownership increased with increasing household income. While only one-third of those making less than \$20,000 kept a gun in or around the home, 70% of persons making \$50,000 or more reported doing so. Married respondents appeared to report keeping a gun in or around the house more commonly than persons who were not married. Keeping a firearm in or around the home appeared to be more common among those who reported either binge drinking (five or more drinks of alcohol on a single occasion, one or more times during the past 30 days) or chronic drinking (consuming 60 or more drinks of alcohol during the past 30 days). Keeping a gun did not appear to vary greatly by county of residence

Care and Handling of Firearms Among Repondents Who Report Keeping a Firearm in or Around the Home
FOCA, 1999-2000



within the survey area.

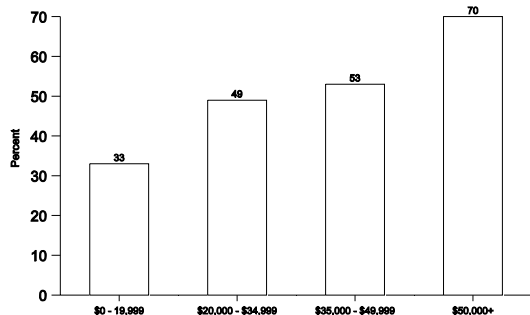
Six percent of respondents reported having a loaded and unlocked firearm in or around the home. Eight persons (1% of the survey population) reported carrying a loaded weapon on their person for protection (excluding job related weapon carrying). Three of these eight persons had confronted another person with a firearm during the past year; persons who reported carrying a loaded firearm were significantly more likely to have confronted another person with a firearm than persons who did not carry a loaded weapon (OR=96, 95% CI=10-1154).

KDHE. (1998). Kansas Annual Summary of Vital Statistics.

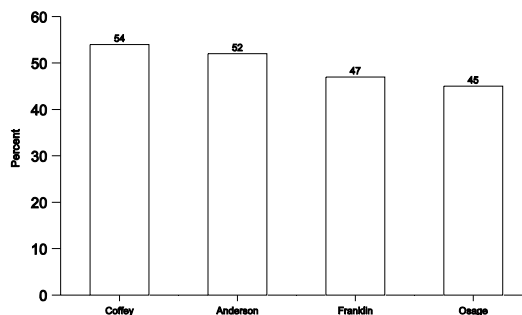
KDHE. (1998). Injury Mortality in Kansas: 1990-1994.

CDC. (1999). Non-fatal and fatal firearm-related injuries – United States, 1993-1997. MMWR 48 (45), 1029-1033.

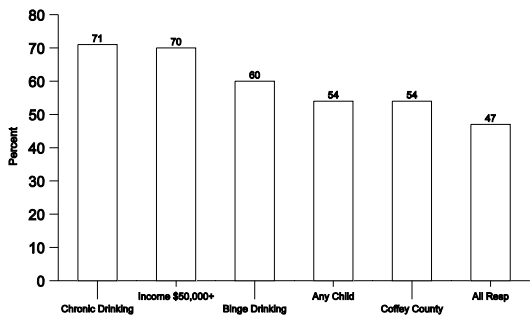
Percentage of Repondents Who Report Keeping a Firearm in or Around the Home, by Income
FOCA, 1999-2000



Percentage of Repondents Who Report Keeping a Firearm in or Around the Home, by County
FOCA, 1999-2000



Percentage of Repondents Who Report Keeping a Firearm in or Around the Home, by Population Sub-Group
FOCA, 1999-2000



Acute/Binge Drinking: *Respondents who reported having five or more drinks on an occasion, one or more times during the past 30 days.*

Chronic Drinking: *Respondents who reported having sixty or more drinks during the past 30 days.*

Drinking and Driving: *Respondents who reported having driven after having too much to drink, one or more times in the past 30 days.*

Alcohol Use

Background

Consequences of alcohol use depend on when, how often, how much, blood level, and certain unique responses to ingestion that vary among individuals. Generally, the health effects arising from the use of alcohol relate to impaired reasoning and reflexes (leading to injuries and violence), exposure during pregnancy, and cumulative organ damage from chronic use. The highest safe level of chronic use of alcohol is unknown, but likely varies between individuals. Heavy alcohol consumption has been associated with an increased risk of numerous diseases including neurologic damage, vascular disease (heart disease, stroke, and high blood pressure), cirrhosis, and several types of cancer (e.g., esophageal, liver). Maternal use of alcohol during pregnancy is a leading cause of birth defects. No less a problem are the consequences of alcohol and drug use arising from impaired judgment of the user. The use of alcohol is a strong risk factor for both violent and unintentional injuries including homicide, suicide, assault, family abuse, motor vehicle crashes, and drowning. Alcohol use is also associated with an increased risk of contracting sexually transmitted diseases (including AIDS), and having an unintended pregnancy.

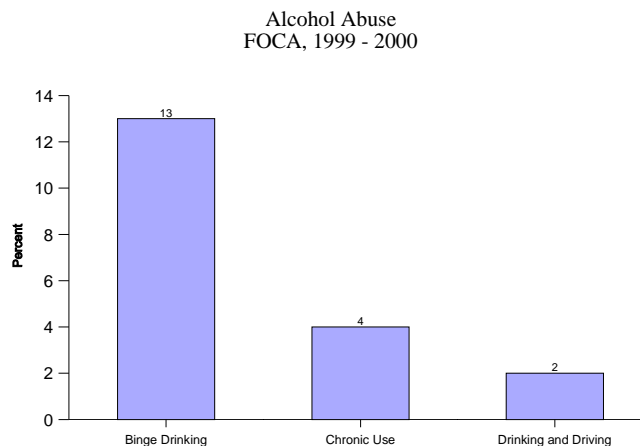
For this study alcohol use was assessed using three indicators to measure high frequency of use, intoxication, and driving after drinking. Like all data in this survey, data related to alcohol use is self reported. However, while self-reported risk has been found to be accurate for many risk factors, self reported alcohol use is likely to be substantially under reported. Because of the difficulty involved in collecting data regarding alcohol use by methods other than self report, data derived from independently confirmed sources is rarely available.

Who's at Risk in Anderson, Coffey, Franklin and Osage Counties

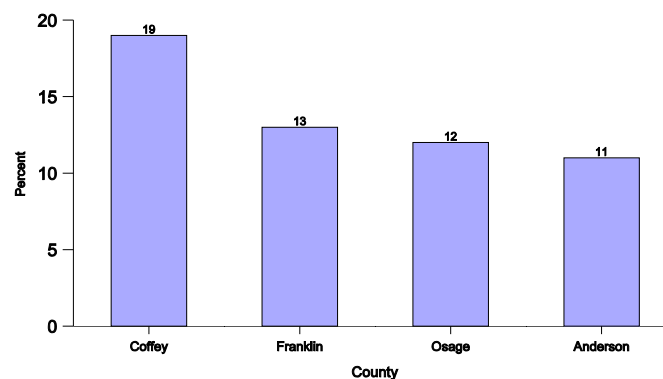
Forty percent of respondents reported any alcohol consumption during the 30 days preceding the interview; however, less than 15% of respondents reported consuming alcohol more than five days during the previous 30 days. Four percent of respondents reported chronic drinking and 2% reported drinking and driving. These values are not significantly different than the values for those risk factors observed statewide.

Thirteen percent of respondents reported binge drinking which was not substantially different than the percentage observed statewide in 1999 (12%). Binge drinking was significantly more common among males than females, and was higher among the young than

the old. Binge drinking appeared to be higher among those with any college education than among those without any college education, but little difference was noted across different income strata. Other factors which appeared to be associated with binge drinking included being employed for wages, feeling worried, tense or anxious 14 or more days out of the last 30 days, having any children in the home, being a current smoker, and living in Coffey County.



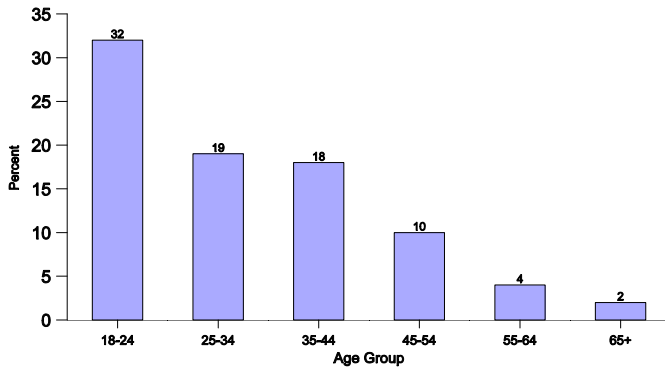
Percentage of Respondents Reporting Five or More Drinks of Alcohol on an Occasion, One or More Times During the Past 30 Days, by County
FOCA, 1999 - 2000



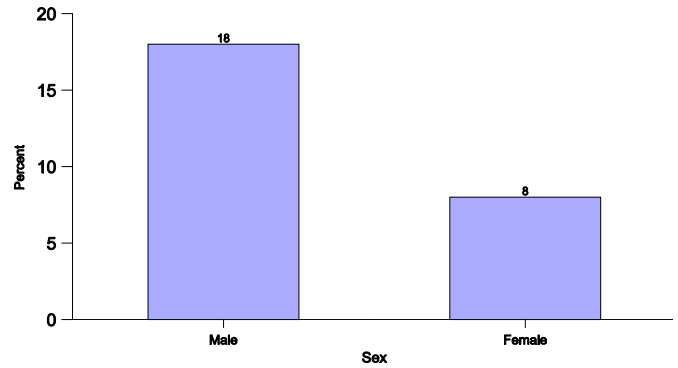
National Committee for Injury Prevention and Control. (1989) Injury prevention: meeting the challenge. New York: Oxford University Press.

Dufour, M.C. (1998) Alcohol Use. In: Brownson, R.C., Remington, P.L., Davis, J.R. (eds.). Chronic disease epidemiology and control, American Public Health Association, Washington DC: United Book Press.

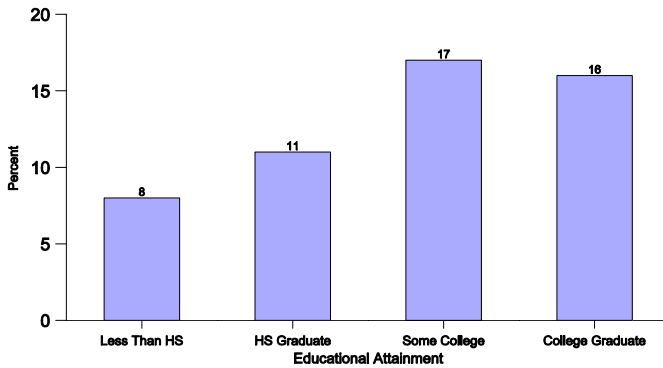
Percentage of Respondents Reporting Five or More Drinks of Alcohol on an Occasion, One or More Times During the Past 30 Days, by Age
FOCA, 1999 - 2000



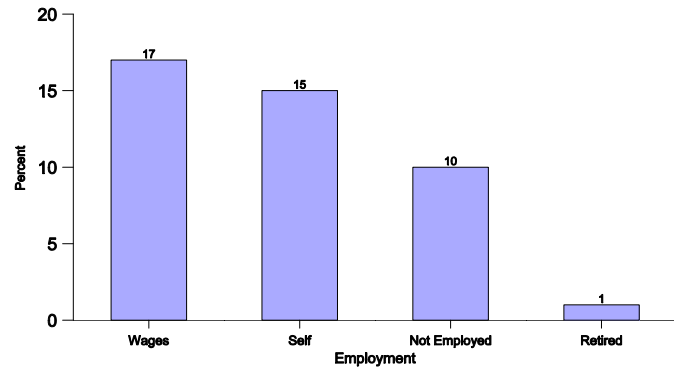
Percentage of Respondents Reporting Five or More Drinks of Alcohol on an Occasion, One or More Times During the Past 30 Days, by Sex
FOCA, 1999 - 2000



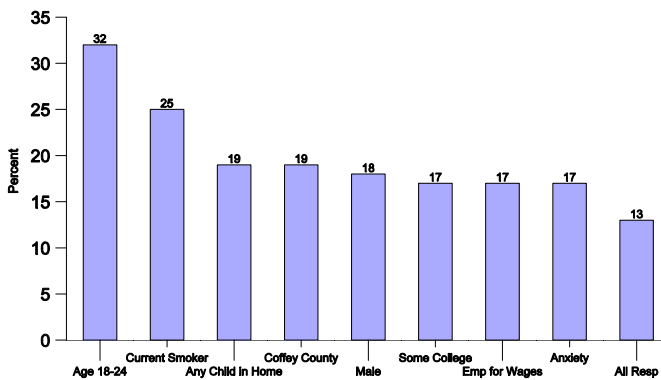
Percentage of Respondents Reporting Five or More Drinks of Alcohol on an Occasion, One or More Times During the Past 30 Days, by Education
FOCA, 1999 - 2000



Percentage of Respondents Reporting Five or More Drinks of Alcohol on an Occasion, One or More Times During the Past 30 Days, by Employment
FOCA, 1999 - 2000



Percentage of Respondents Reporting Five or More Drinks of Alcohol on an Occasion, One or More Times During the Past 30 Days, by Population Sub-Group
FOCA, 1999 - 2000



Current Cigarette Smoking: *Respondents who reported they had smoked at least 100 cigarettes in their lifetime, and currently smoked everyday or some days.*

Passive Smoke Exposure: *Respondents who do not smoke but live with persons who smoke inside the home or work at sites where smoking is not either prohibited indoors or restricted to designated areas.*

Smoking and Passive Smoke Exposure

Background

Tobacco use is the leading cause of death in the United States, accounting for 400,000 deaths annually. Nearly one in five deaths can be attributed to tobacco use (McGinnis and Foege, 1993). The risk of premature death among men who smoke is 2.3 times higher than among men who do not smoke, and the risk of premature death among women who smoke is 1.9 times higher than among women who do not smoke. Smoking causes a variety of health problems including coronary heart disease, peripheral vascular disease, cerebrovascular disease (stroke), emphysema, chronic bronchitis, low birth weight babies, and cancers of the lung, larynx, mouth, esophagus, and bladder (Novotny and Giovino, 1998).

Despite the presence of warning labels on cigarette packages and the well-known adverse health consequences, almost one-fourth of adults in the United States continue to smoke cigarettes (Centers for Disease Control and Prevention, 1997). Among persons who smoke, the health benefits of cessation are substantial. After 15 years off cigarettes, the risk of death for ex-smokers returns to nearly the risk for persons who have never smoked (American Cancer Society, 1999).

In addition to the health problems for smokers, persons exposed to environmental tobacco smoke (ETS), or secondhand smoke, are also at increased risk for health problems. Children are especially vulnerable to the risks of ETS. Children of smokers experience higher rates of lower respiratory infections and are at higher risk of asthma and ear infections (Novotny and Giovino, 1998).

Who's at Risk in Anderson, Coffey, Franklin and Osage Counties

Twenty-one percent of residents in the four county area were current smokers which is not substantially different than the percentage of Kansans who smoke statewide. Among those who smoked, 55% smoked a pack or more of cigarettes per day. Approximately half of respondents reported ever having smoked, of which 55% no longer smoked. Among those who had quit, 8% had quit within the last six months and were at high risk of relapse (CDC, 1990).

Smoking was lowest among persons ages 65 and older, followed by persons ages 25-34. No difference was seen in the rate of smoking among males and females; this is different than the pattern observed statewide. In 1999 in Kansas, males were significantly more likely to smoke than females (24% vs. 18%). Only small differences were seen in smoking rates by either education or income. Other factors which appeared to be associated with an increased smoking risk included feeling worried tense or anxious for 14 or more days out of the last 30

days, feeling sad, blue or depressed for 14 or more days out of the last 30 days, being between 35 and 44 years old, and living in Anderson County.

Approximately one-fourth of non-smokers of working age (18-64) were at risk of being exposed to passive smoke either at home or in the workplace. Among those ages 65 and over, only 4% were at risk for passive smoke exposure. Risk for exposure to passive smoke varied markedly with employment; those who were self-employed reported the highest risk of passive smoke exposure (31%), followed by those employed for wages (23%). Males were at higher risk of passive smoke exposure than females.

American Cancer Society. (1999). Quitting smoking [On-line]. Available:
<http://www.cancer.org/tobacco/index.html>

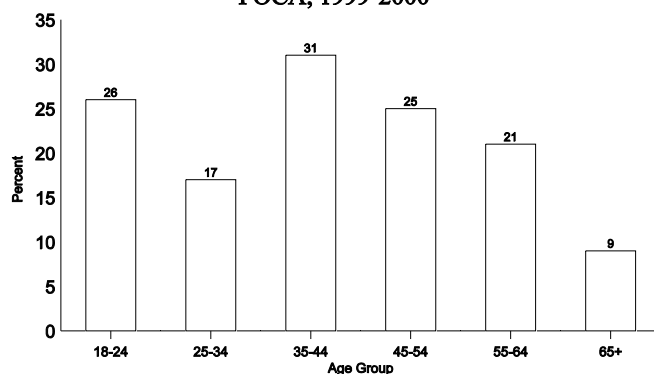
Novotny, T. E., & Giovino, G. A. (1998). Tobacco use. In R. C. Brownson, P. L. Remington & J. R. Davis (Eds.), Chronic disease epidemiology and control. Washington, DC: American Public Health Association.

Centers for Disease Control and Prevention. (1997). Cigarette smoking among adults -- United States, 1995. Morbidity and Mortality Weekly Report, 46,1218-1220.

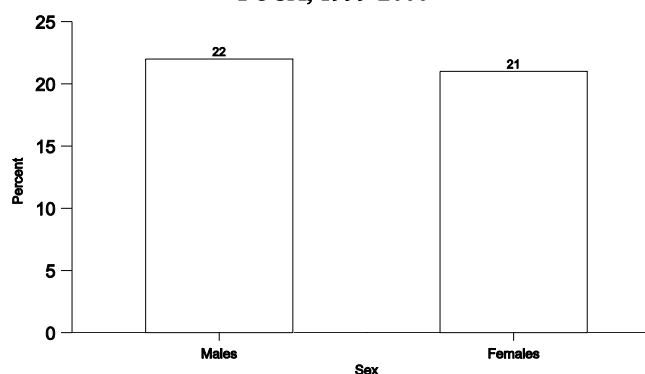
McGinnis, J.M. & Foege, W.H. (1993). Actual causes of death in the United States. Journal of the American Medical Association, 270, 2207-2212.

Centers for Disease Control. (1990). The health benefits of smoking cessation: A report of the Surgeon General. U.S. Department of Health and Human Services, DHHS publication: 90-8416.

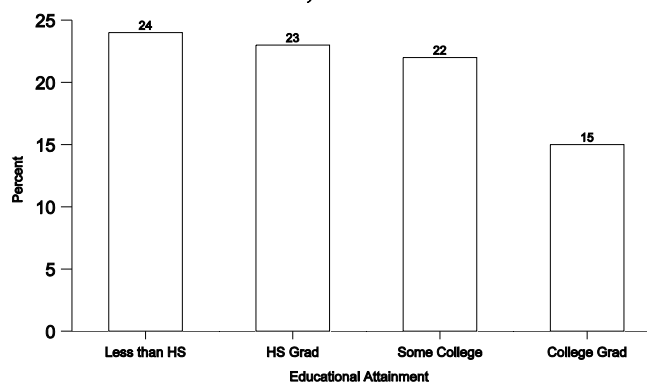
Percentage of Respondents Who Currently Smoke,
by Age Group
FOCA, 1999-2000



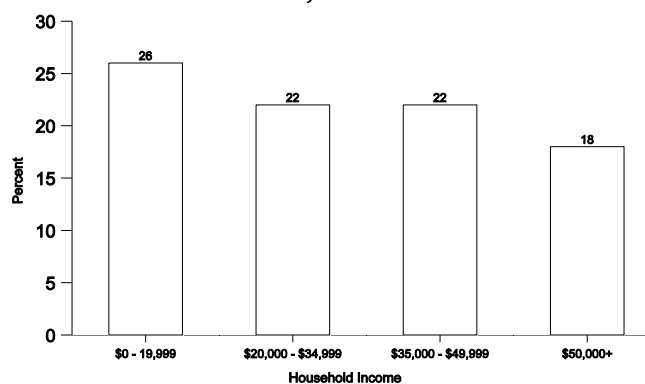
Percentage of Respondents Who Currently Smoke,
by Sex
FOCA, 1999-2000



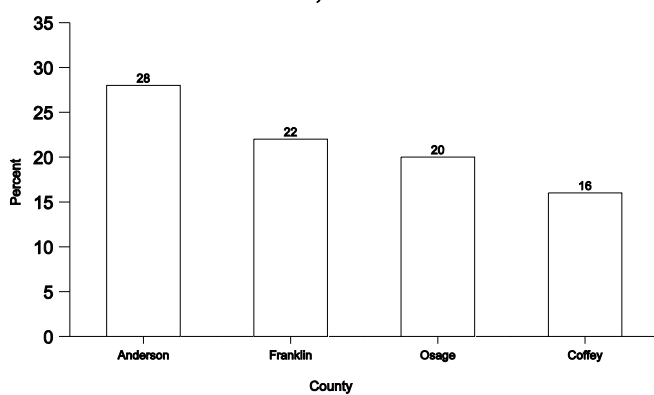
Percentage of Respondents Who Currently Smoke,
by Educational Attainment
FOCA, 1999-2000



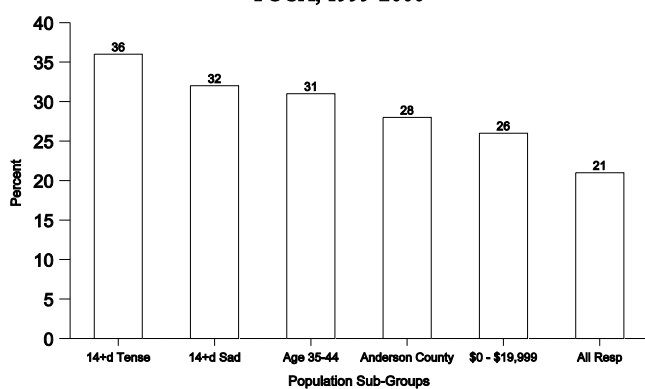
Percentage of Respondents Who Currently Smoke,
by Income
FOCA, 1999-2000



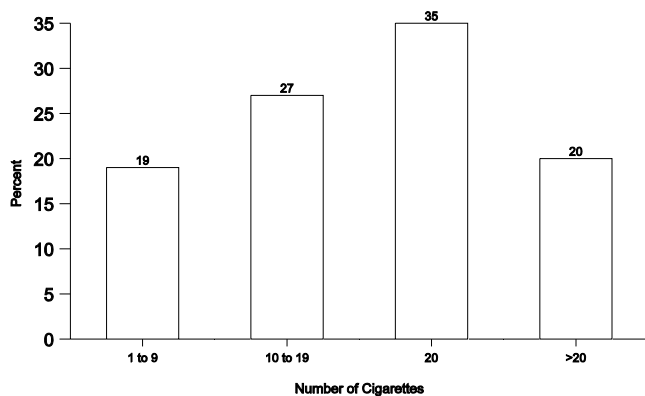
Percentage of Respondents Who Currently Smoke,
by County
FOCA, 1999-2000



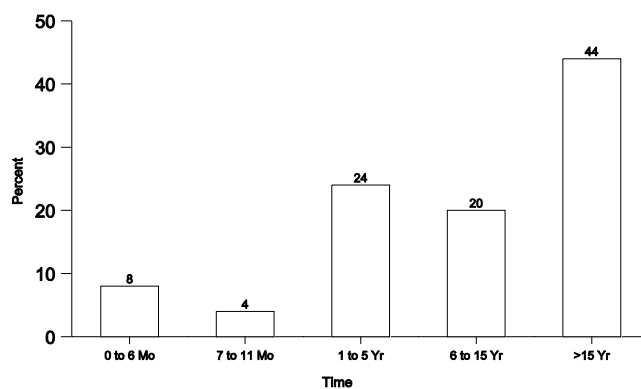
Percentage of Respondents Who Currently Smoke,
Among Population Sub-Groups
FOCA, 1999-2000



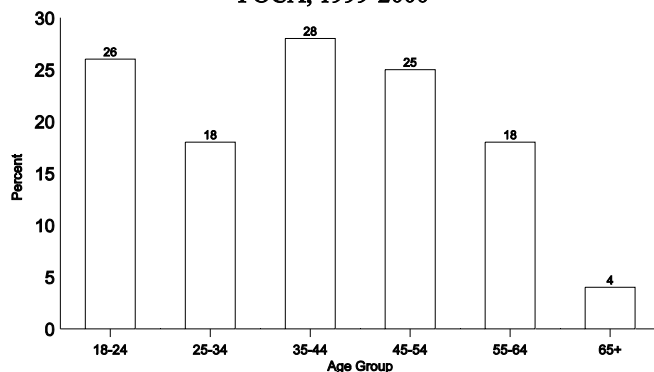
Percentage of Daily Smokers, by Daily Cigarette Consumption
FOCA, 1999-2000



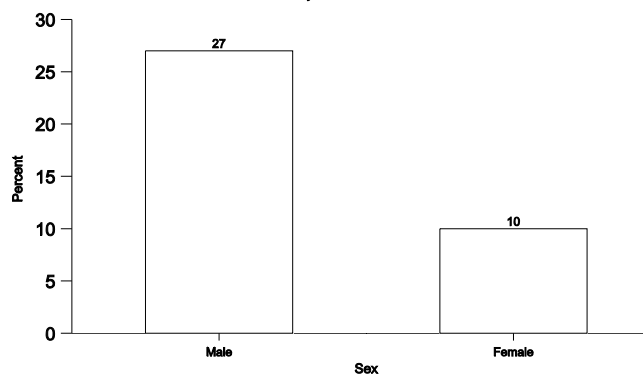
Elapsed Time Since Last Daily Smoking, Among Former Smokers
FOCA, 1999 - 2000



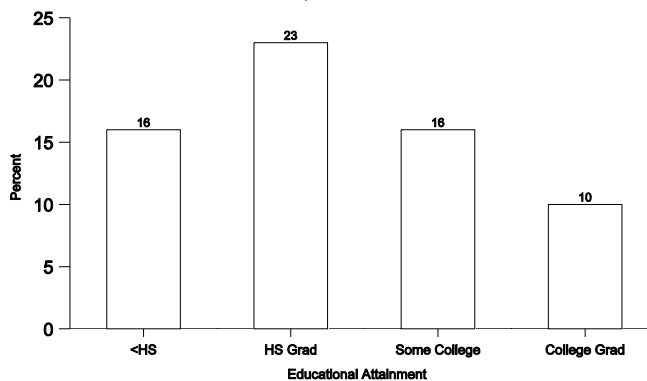
Percentage of Respondents Exposed to Passive Smoke,
by Age Group
FOCA, 1999-2000



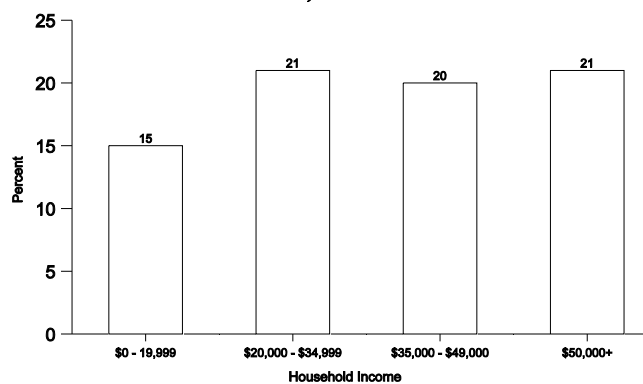
Percentage of Respondents Exposed to Passive Smoke,
by Sex
FOCA, 1999-2000



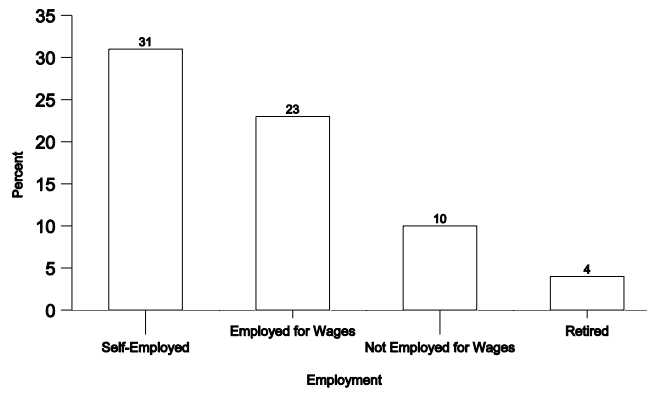
Percentage of Respondents Exposed to Passive Smoke,
by Educational Attainment
FOCA, 1999-2000



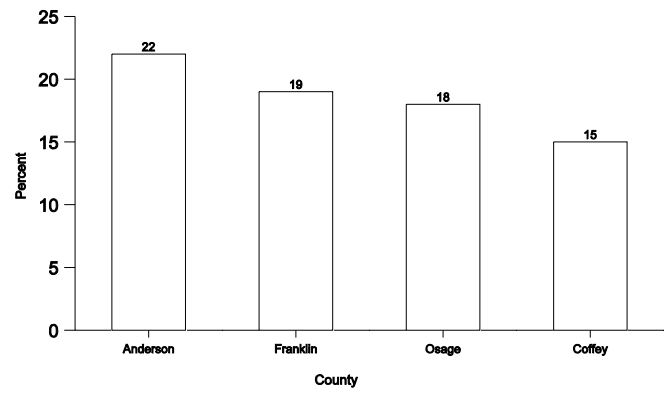
Percentage of Respondents Exposed to Passive Smoke,
by Income
FOCA, 1999-2000



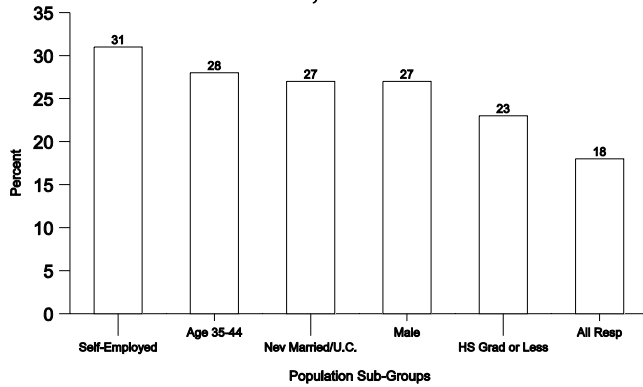
**Percentage of Respondents Exposed to Passive Smoke,
by Employment
FOCA, 1999-2000**



**Percentage of Respondents Exposed to Passive Smoke,
by County
FOCA, 1999-2000**



**Percentage of Respondents Exposed to Passive Smoke,
Among Population Sub-Groups
FOCA, 1999-2000**



Lacked Health Care Coverage: *Respondents who reported that they lacked any form of health care coverage, including health insurance, Health Maintenance Organizations (HMO), Medicare, Medicaid, or military insurance plans.*

Unable to See a Doctor Due to Cost: *Respondents who reported that they were unable to see a doctor due to the cost during the past twelve months.*

Lacked Usual Source of Routine Health Care: *Respondents who reported that they did not have at least one doctor or health professional that they saw for their routine medical care.*

Health Care Access and Insurance Coverage

Background

In its study of access to health care in America, the Institute of Medicine (IOM) panel defined access as the timely use of personal health services to achieve the best possible health outcomes. The panel suggested that the test of equity of access involved determining whether or not there were systematic differences in use and outcomes among different groups, and, if so, identifying whether or not there were barriers that supported a differential access to care. In addition to the poor, other populations identified as potentially having reduced access to care included racial and ethnic minorities, rural residents and persons with a disability.

The percentage of the population with health insurance is one measure of access to care; however, even those persons who have insurance may have only hospitalization coverage, may have high deductibles, or may be unable to afford medications prescribed. A second indicator, being unable to see a doctor due to cost, attempts to measure provider visits actually foregone due to financial access barriers. Usual source of care is measured by the third indicator. Having a usual source of provider care appears to influence health care seeking behavior and has been shown to increase the likelihood that a person will access preventive care services.

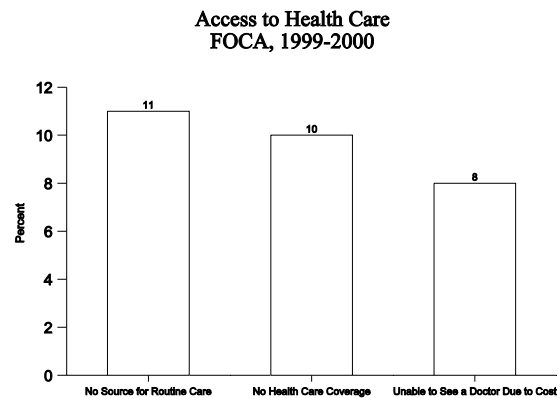
Who's at Risk in Anderson, Coffey, Franklin and Osage Counties

Ten percent of the survey population reported not having health insurance at the time of the survey and 14% reported being without insurance at some time during the past 12 months (including those without insurance at the time of the survey). For most of those without health insurance at the time of the survey the problem was of long duration; 71% reported being uninsured for at least two years. Persons ages 18-24 reported higher rates of being uninsured than older persons. Being uninsured generally decreased with advancing age, education and income. Other factors which appeared to be associated with not having insurance included not being employed for wages and having never been married. Among those with insurance, 28% reported being covered by Medicare and less than 1% reported being covered by Medicaid. Over 60% of persons with insurance reported being covered by employer purchased plans.

The most common reasons given for not having insurance at the time of the survey were inability to afford the premiums (39%), change in employment status (14%), and inability of the respondent to obtain coverage through the employer (7%). Among persons with insurance at the time of the survey but without insurance at some time during the past 12 months, the most common reasons given for their gap in insurance coverage were change in employment status

(37%), inability to obtain insurance through their employer (21%), and inability to afford premiums (18%).

Twenty-nine percent of respondents with health care coverage reported having a second form of coverage. Persons without a second form of coverage were more likely to report being unable to see a doctor due to cost than persons who had a second source of health care coverage (7% vs 3%), but the difference was of borderline statistical significance. Having a second source of health care coverage was relatively uncommon for all age groups except those age 65 and older. Eighty percent of respondents ages 65 and older reported having a second form of coverage.



Eight percent of respondents reported being unable to see a doctor due to cost. Inability to see a doctor due to cost generally decreased with advancing age. Although almost all persons ages 65 and older had health insurance, 6% of persons ages 65 and older reported being unable to see a doctor due to cost. Inability to see a doctor due to cost was higher among those without any college education than among those with any college education and among those earning less than \$20,000 per year than among those earning \$20,000 or more. Other factors which appeared to be associated with inability to see a doctor due to cost included not being employed for wages and being divorced or separated.

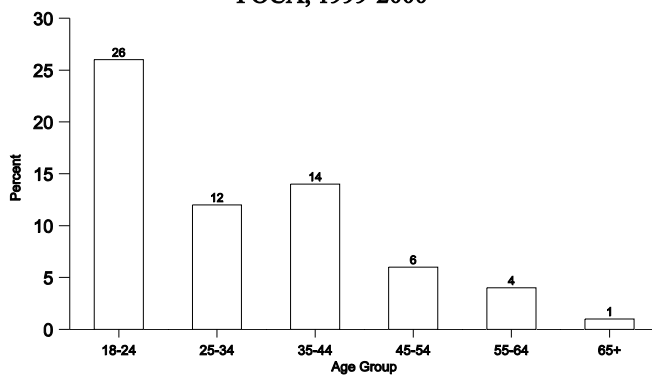
Eleven percent of respondents reported that they did not have a usual source for routine health care. Not having a usual source for routine health care was higher among persons less than 45, but did not appear to be strongly associated with income, educational attainment or county of residence. The most commonly reported reason for not having a usual source of care was not needing a doctor, which was reported by 47%.

U.S. Department of Health and Human Services. (1998). Access to quality health services. In Healthy people 2010 objectives: draft for public comment. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

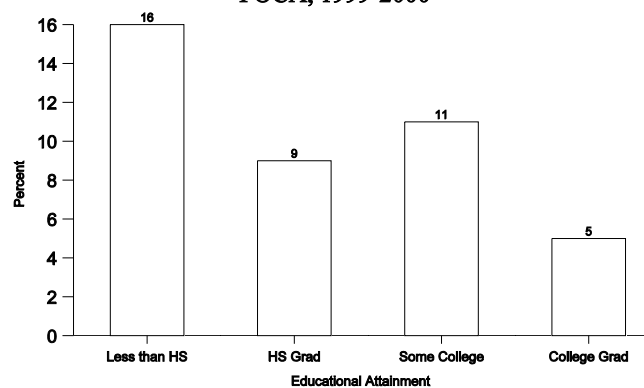
Institute of Medicine. (1983) . Access to health care in America. Millman, M. (ed.). Washington, DC: National Academy Press.

Health and Human Services. (2000) . The initiative to eliminate racial and ethnic disparities in health. Available at <http://raceandhealth.hhs.gov/>.

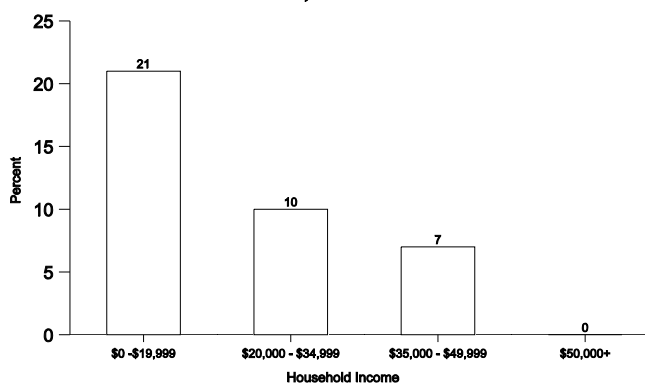
**Percentage of Respondents Reporting No Health Insurance,
by Age Group
FOCA, 1999-2000**



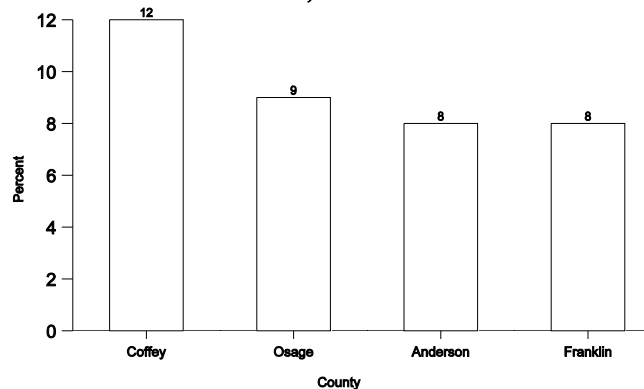
**Percentage of Respondents Reporting No Health Insurance,
by Educational Attainment
FOCA, 1999-2000**



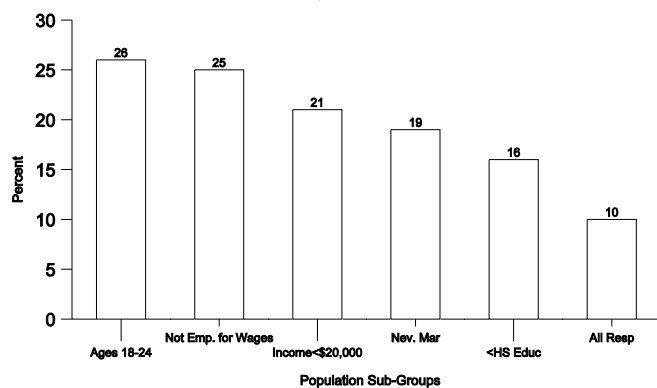
**Percentage of Respondents Reporting No Health Insurance,
by Income
FOCA, 1999-2000**



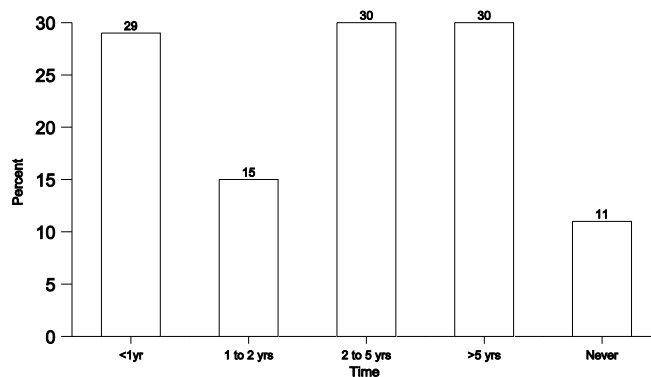
**Percentage of Respondents Reporting No Health Insurance,
by County
FOCA, 1999-2000**



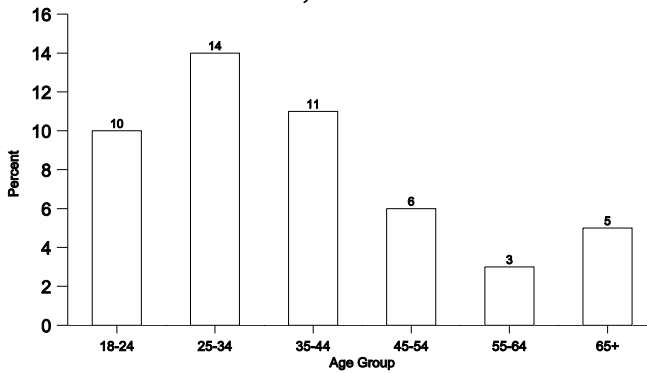
**Percentage of Respondents Reporting No Health Insurance,
Among Population Sub-Groups
FOCA, 1999-2000**



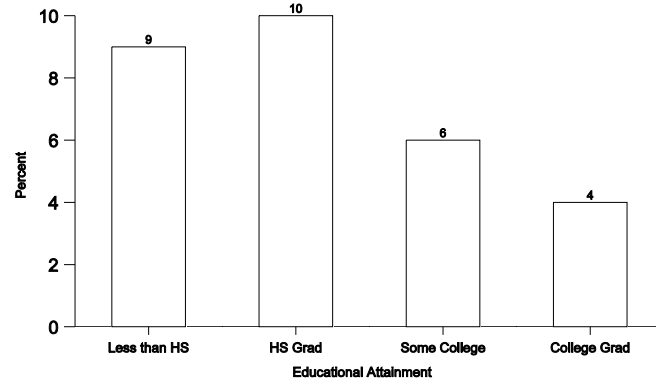
**Length of Time Since Last Had Health Insurance
FOCA, 1999-2000**



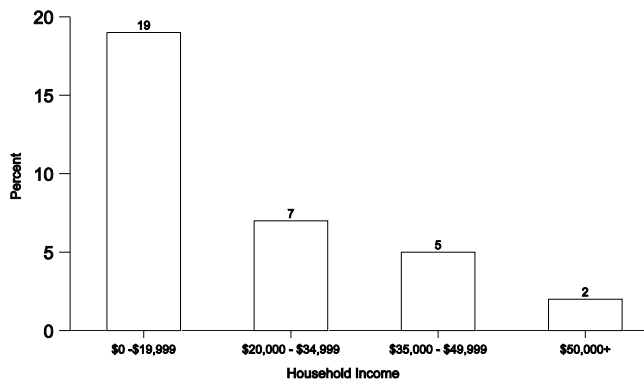
**Percentage of Respondents Who Reported Being Unable to See Doctor Due to Cost, by Age Group
FOCA, 1999-2000**



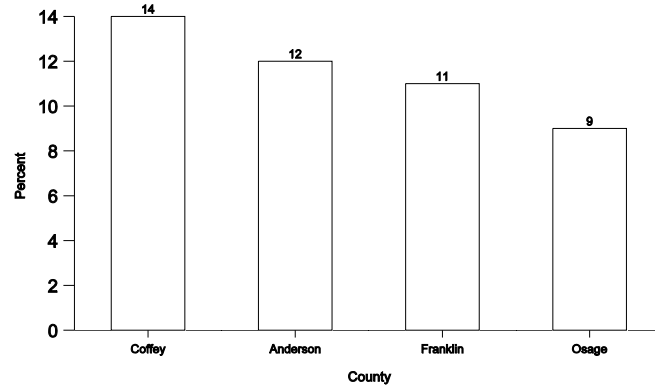
**Percentage of Respondents Who Reported Being Unable to See Doctor Due to Cost, by Educational Attainment
FOCA, 1999-2000**



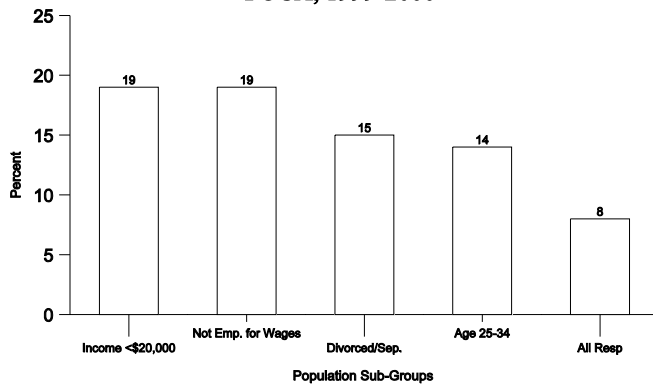
**Percentage of Respondents Who Reported Being Unable to See Doctor Due to Cost, by Income
FOCA, 1999-2000**



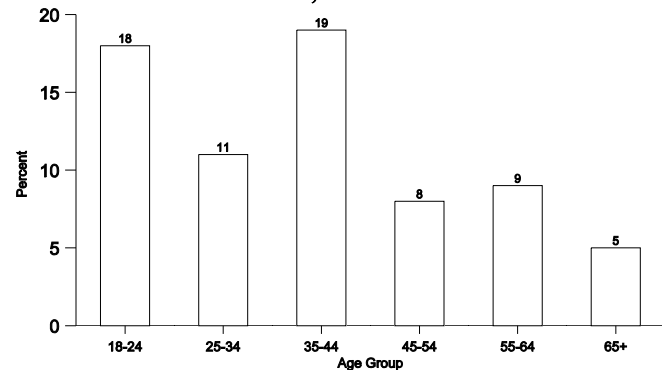
**Percentage of Respondents Reporting Lack Source of Routine Health Care, by County
FOCA, 1999-2000**



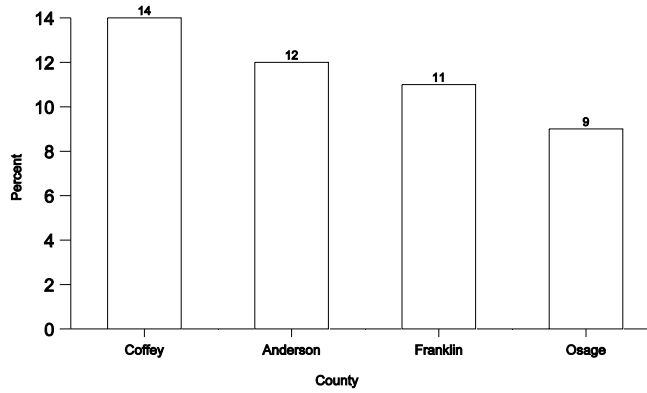
**Percentage of Respondents Who Reported Being Unable to See Doctor Due to Cost, Among Population Sub-Groups
FOCA, 1999-2000**



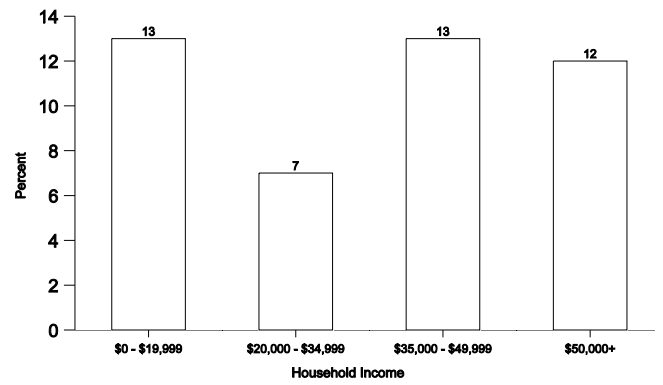
**Percentage of Respondents Who Report Lacking a Source of Routine Health Care, by Age Group
FOCA, 1999-2000**



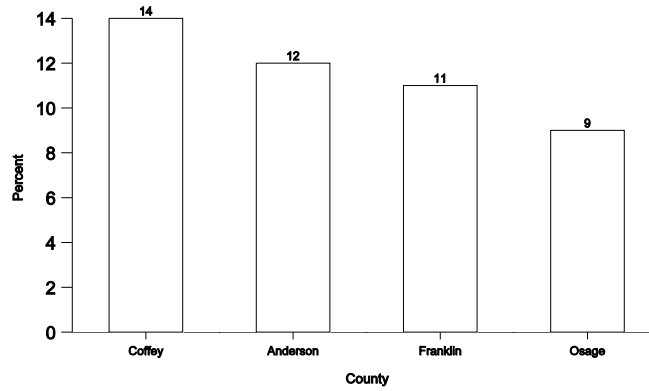
Percentage of Respondents Who Report Lacking a Source of Routine Health Care, by County
FOCA, 1999-2000



Percentage of Respondents Who Report Lacking a Source of Routine Health Care, by Income
FOCA, 1999-2000



Percentage of Respondents Who Report Lacking a Source of Routine Health Care, by County
FOCA, 1999-2000



Low satisfaction with health care: *Respondents who rated their satisfaction with overall health care as fair or poor among those who use health care services.*

Poor proximity to health care: *Respondents who rated travel time or distance to site of health care as fair or poor among those with a usual source of care.*

Lost access to health care provider: *Respondents who reported changing doctors in the past two years due to change in job, insurance, money owed, or provider absence.*

Health Care Utilization

Background

Measuring quality of health care has become an important part of improving the health care delivery system in the past few years. Systematic efforts to monitor and improve quality of care initially led to the identification of ways to measure outcomes. Did the patient get better? Were complications avoided? Was the best therapy given? As the health care delivery system's understanding of what constituted good care evolved, indicators of the responsiveness of the health care system and the preferences of patients were added. Was the care timely? Was the patient able to see the provider of their choice? Was continuity of care maintained? Was the patient satisfied? This analysis concentrates on three such indicators - satisfaction with care, proximity to care, and continuity of care.

Who's at Risk in Anderson, Coffey, Frankin and Osage Counties

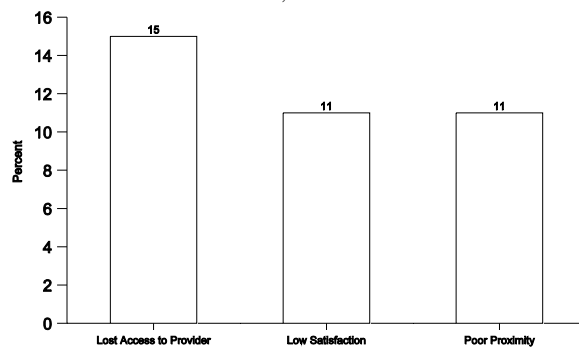
Eleven percent of respondents rated their satisfaction with their health care as fair or poor. Low satisfaction was highest among those in the 45 to 54 age group and lowest among those ages 65 and older. Males appeared to be more likely to report low satisfaction than females, but the difference was not statistically significant. Satisfaction did not appear to vary much by education or by county, but did appear to be higher among persons in households earning less than \$20,000 than among persons in households with higher incomes. Other factors which appeared to be associated with low satisfaction with health care included being unable to see a doctor during the past year due to cost, being divorced or separated, and rating distance or time traveled to see provider as fair or poor.

Eleven percent of respondents rated the distance or time traveled to see their provider as fair or poor. Poor proximity to care appeared to be substantially lower among those younger than 45 years than among those ages 45 and older. While little variation was seen by education, poor proximity appeared to be more commonly reported among those in households earning \$35,000 or more than among those in households earning less than \$35,000. Poor proximity to one's health care provider appeared to be markedly different between counties; it was highest among residents of Anderson County and lowest in Coffey County. Other factors which appeared to be associated with poor proximity to one's health care provider included being self-employed and having low satisfaction with care received.

Respondents were asked when they last changed doctors and the reasons they changed. Persons who changed doctors within the last two years and who reported that the reason they

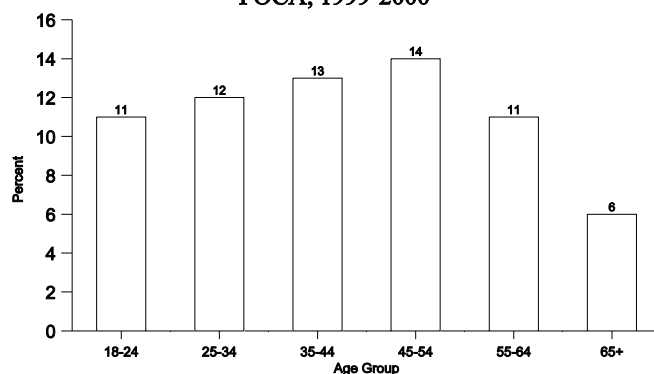
changed doctors was a change in job, a change in health care coverage, relocation or retirement of the provider, or because the respondent owed money to the provider were considered to represent involuntary loss of access to the doctor. Fifteen percent of respondents reported that they had loss access to their doctor during the last two years. Losing access appeared to be more common among persons between the ages of 25 and 54 than among persons in other age groups. Losing access increased with increasing education, but did not appear to be strongly associated with income. Persons living in Franklin and Osage Counties appeared to be the counties with the highest reported loss of access to doctors and Coffey had the lowest reported loss of access.

Percentage of Respondents Reporting Various Indicators of Health Care Utilization
FOCA, 1999-2000

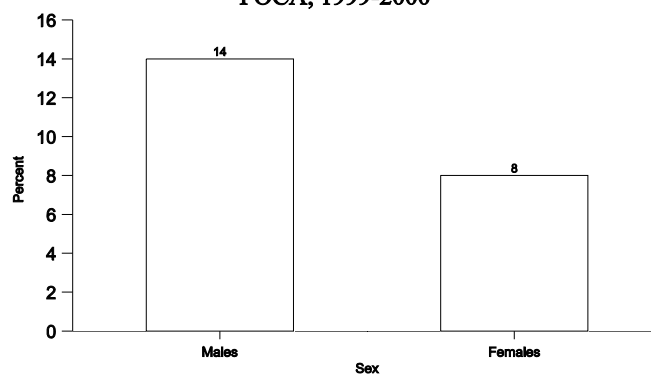


Blumenthal, D. (1996). Quality of care – what is it? NEJM, 335(12), 891-894.

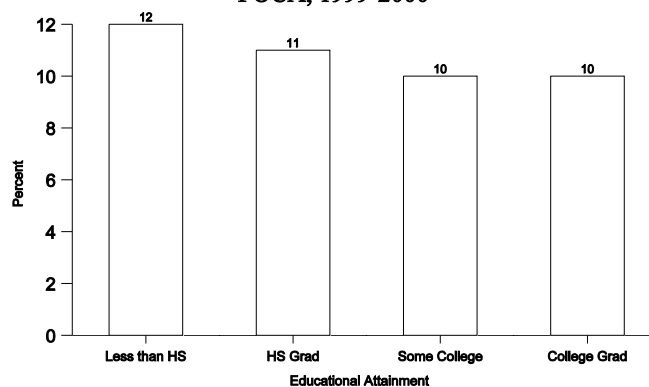
Percentage of Respondents Reporting Low Satisfaction with Health Care, by Age
FOCA, 1999-2000



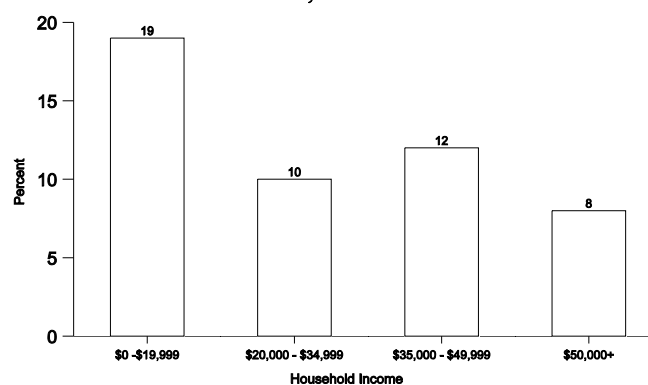
Percentage of Respondents Reporting Low Satisfaction with Health Care, by Sex
FOCA, 1999-2000



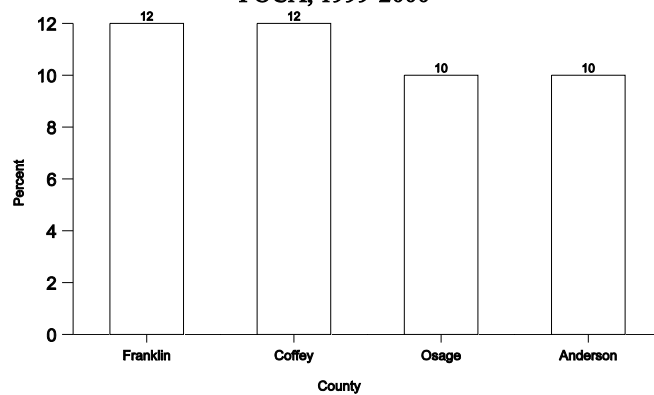
Percentage of Respondents Reporting Low Satisfaction with Health Care, by Education
FOCA, 1999-2000



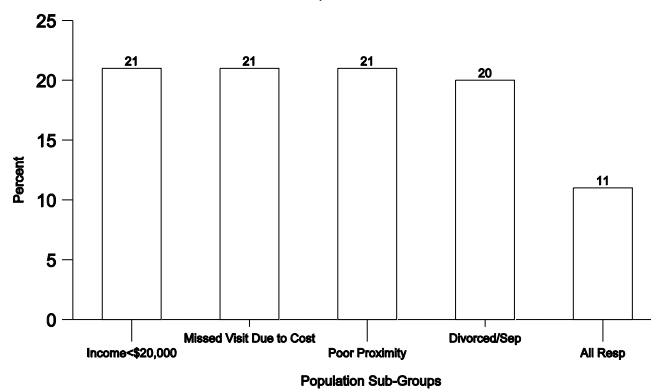
Percentage of Respondents Reporting Low Satisfaction with Health Care, by Income
FOCA, 1999-2000



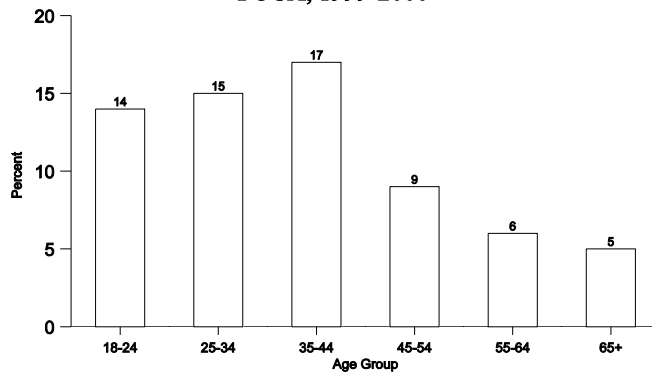
Percentage of Respondents Reporting Low Satisfaction with Health Care, by County
FOCA, 1999-2000



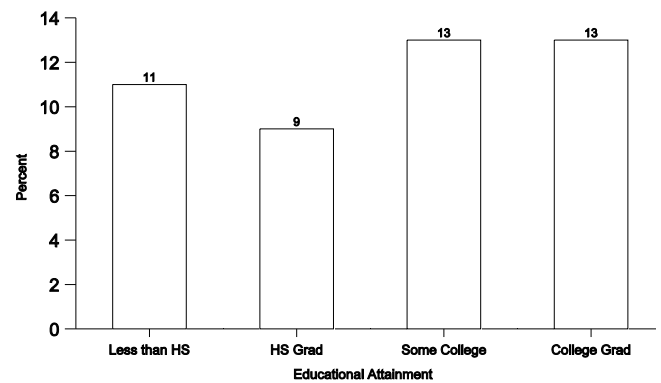
Percentage of Respondents Reporting Low Satisfaction with Health Care, by Population Sub-Group
FOCA, 1999-2000



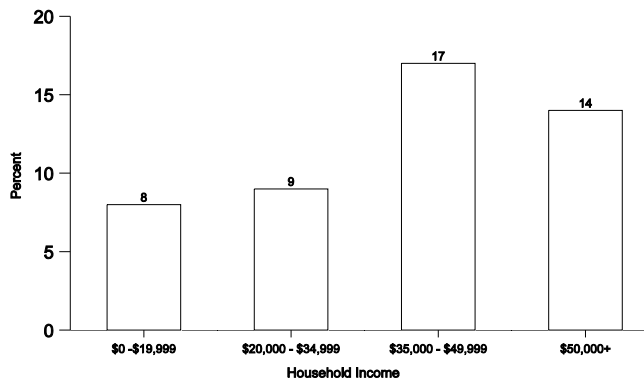
Percentage of Respondents Reporting Poor Proximity to Health Care, by Age Group
FOCA, 1999-2000



Percentage of Respondents Reporting Poor Proximity to Health Care, by Educational Attainment
FOCA, 1999-2000



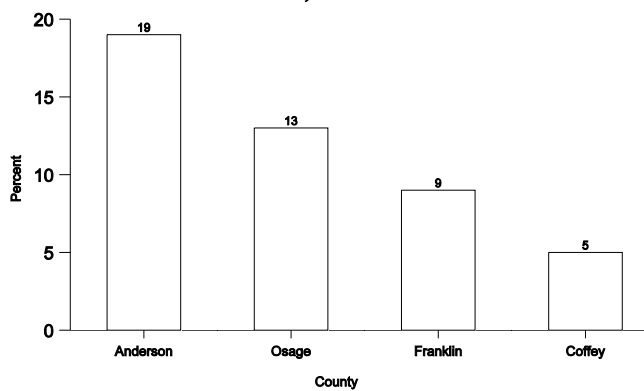
Percentage of Respondents Reporting Poor Proximity to Health Care, by Income
FOCA, 1999-2000



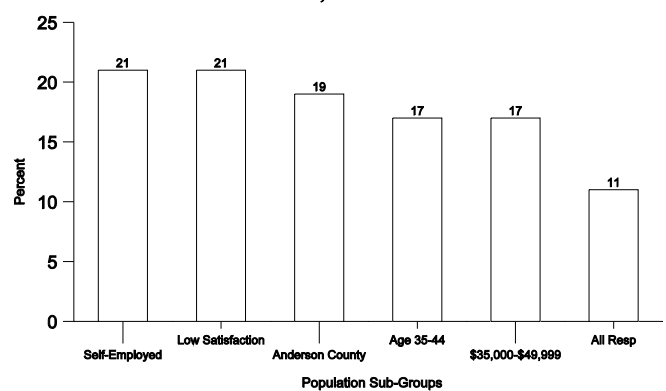
Percentage of Respondents Reporting Poor Proximity to Health Care, by Employment
FOCA, 1999-2000



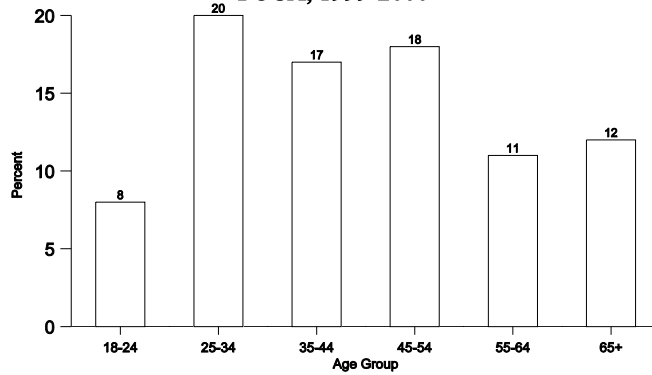
Percentage of Respondents Reporting Poor Proximity to Health Care, by County
FOCA, 1999-2000



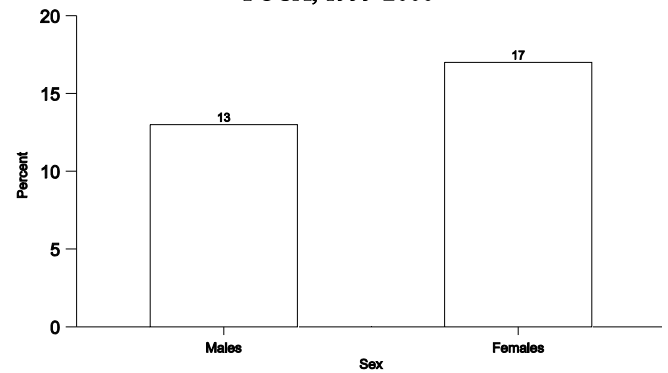
Percentage of Respondents Reporting Poor Proximity to Health Care, by Population Sub-Group
FOCA, 1999-2000



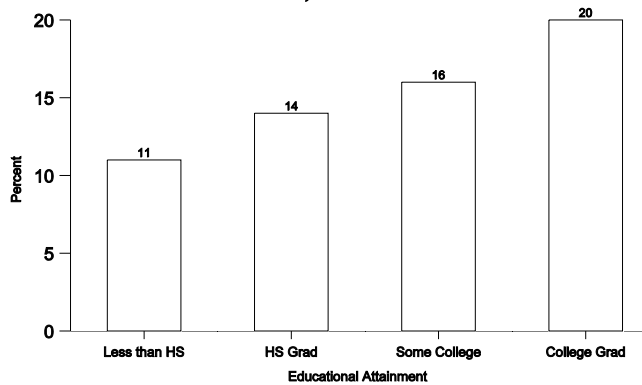
Percentage of Respondents Reporting Loss of Access to Provider, by Age
FOCA, 1999-2000



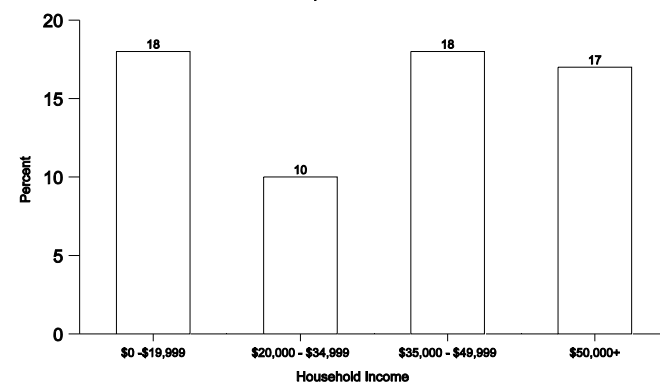
Percentage of Respondents Reporting Loss of Access to Provider, by Sex
FOCA, 1999-2000



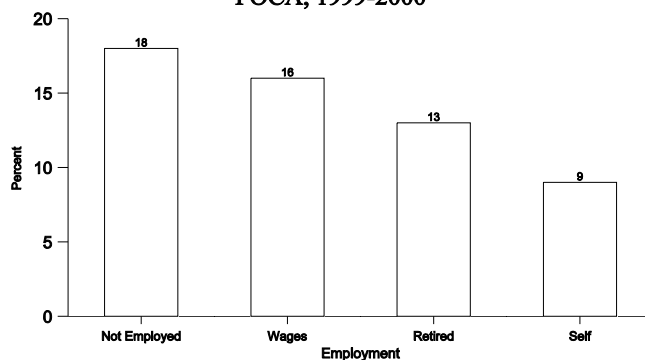
Percentage of Respondents Reporting Loss of Access to Provider, by Education
FOCA, 1999-2000



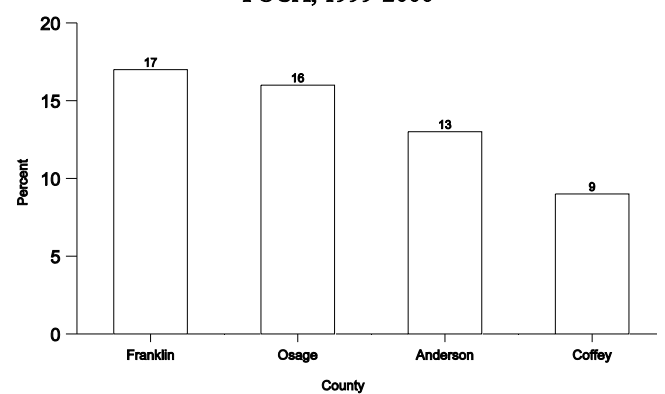
Percentage of Respondents Reporting Loss of Access to Provider, by Income
FOCA, 1999-2000



Percentage of Respondents Reporting Loss of Access to Provider, by Employment
FOCA, 1999-2000



Percentage of Respondents Reporting Loss of Access to Provider, by County
FOCA, 1999-2000



All Question Table

This table provides the text of each question followed by the number and percentage of respondents for each response category (excluding unknown and refused). In some cases, a question was asked of a subset of the respondents rather than all respondents. For instance, the question “*Do you smoke now?*” was only asked of persons who reported having ever smoked at least 100 cigarettes in their lifetime. However, the denominator for this question has been adjusted for this table to represent the entire population, thereby providing the percentage of current smokers in the entire population rather than the percentage of smoker among those who had ever smoked at least 100 cigarettes. The correct denominator is provided parenthetically after the text of the question.

All responses in this survey are weighted (see technical notes). Unless otherwise stated, results are weighted to adults 18 years and older. Questions which pertain to households are weighted using a household weight and questions which pertain to children are weighted using a child weight appropriate to the age group specified by the question. When a household or child weight was used, this is specified after the text of the question.

Section 1: Health Status

*Would you say that in general your health is:
(among all respondents)*

Excellent	177	24.4
Very good	271	34.6
Good	199	27.2
Fair	79	10.0
Poor	24	3.8

Section 2: Health Care Access

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare? (among all respondents)

Yes	685	90.5
No	60	9.5

Do you have Medicare? (among all respondents)

Yes	203	22.6
No	544	77.4

What type of medical care coverage do you use to pay for most of your medical care? (among all respondents)

From employer	311	43.9
From other's employer	102	15.3
Self purchased	47	6.4
Medicare	203	22.8
Medicaid	3	0.5
Other	14	1.6
None	60	9.6

About how long has it been since you had health care coverage? (among persons reporting no current health care coverage)

Within past 6 months	9	15.0
Within past year	11	14.6
Within past two years	7	14.7
Within past five years	11	15.0
Five or more years ago	19	29.8
Never had coverage	4	10.9

Section 2: Health Care Access	n	%
-------------------------------	---	---

During the past 12 months was there any time that you did not have health care coverage? (among all respondents)

Yes	89	13.8
No	652	86.2

Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (among all respondents)

Yes	59	8.1
No	691	91.9

Is there one particular doctor or health professional who you usually go to when you need routine medical care? (among all respondents)

Yes, one	650	85.3
Yes, more than one	25	3.7
No	74	11.0

About how long has it been since you last visited a doctor for a routine check-up? (among all respondents)

Within the past year	552	71.2
Within the past two years	70	9.5
Within the past five years	48	7.8
Five or more years ago	67	10.1
Never	6	1.5

Section 3: Hypertension Awareness	n	%
-----------------------------------	---	---

About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (among all respondents)

Within the past six months	568	74.0
Within the past year	95	13.3
Within the past two years	39	5.7
Within the past five years	16	2.9
Five or more years ago	18	3.0
Never	4	1.1

Section 3: Hypertension Awareness	n	%
-----------------------------------	---	---

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (among all respondents)

Yes	213	27.1
No	532	72.9

Have you been told on more than one occasion that your blood pressure was high, or have you only been told this once? (among respondents told they had high blood pressure)

More than once	166	20.9
Only once	46	6.1
Never told	532	73.0

Section 4: Cholesterol Awareness	n	%
----------------------------------	---	---

Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (among all respondents)

Yes	546	70.3
No	180	29.7

About how long has it been since you last had your cholesterol checked? (among all respondents)

Within the past year	392	50.9
Within the past two years	57	7.8
Within the past five years	49	6.0
Five or more years ago	35	5.0
Never	180	30.2

Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (among persons reporting having had their cholesterol checked)

Yes	194	32.8
No	348	67.2

Section 5: Diabetes	n	%
---------------------	---	---

Have you ever been told by a doctor that you have diabetes? (among all respondents)

Yes	45	5.7
Yes, but during pregnancy only	2	0.2
No	701	94.1

Section 6: Exercise	n	%
---------------------	---	---

During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (among all respondents)

Yes	485	65.0
No	265	35.0

How many times per week or per month did you take part in this activity during the past month? (total times per week for two physical activities, among all respondents)

None	265	35.3
Less than three	118	16.8
Three to four	176	22.7
Five to six	78	11.6
Seven	105	13.5

Section 7: Seat Belt Use	n	%
--------------------------	---	---

How often do you use seat belts when you drive or ride in a car? (among all respondents)

Always	469	61.9
Nearly always	130	17.2
Sometimes	63	8.5
Seldom	33	4.1
Never	53	8.2
Never ride in car	1	0.1

Section 7: Seat Belt Use	n	%
--------------------------	---	---

How often does the [0-15 year old] child in your household use a car safety seat [under 5 years] or seatbelt [5-15 years]? (among households with one or more children 0-15 years old, weighted for children 0-15)

Always	169	82.9
Nearly always	23	9.4
Sometimes	12	5.0
Seldom	3	1.0
Never	4	1.8

Section 8: Tobacco	n	%
--------------------	---	---

Have you smoked at least 100 cigarettes in your entire life? (among all respondents)

Yes	339	47.2
No	407	52.8

Do you now smoke cigarettes everyday, some days, or not at all? (among all respondents)

Yes (some days or all days)	151	21.2
No	594	78.8

On the average, about how many cigarettes a day do you now smoke? (among persons who smoke some or all days)

Less than half pack per day (ppd)	25	18.3
More than half, but less than one ppd	41	26.5
One ppd	54	34.8
More than one, but less than two ppd	11	7.5
Two or more ppd	17	12.9

During the past 12 months, have you quit for one day or longer? (among persons who smoke daily)

Yes	64	50.0
No	71	50.0

Section 8: Tobacco	n	%
--------------------	---	---

About how long has it been since you last smoked cigarettes regularly, that is daily? (among former smokers)

Within the past month	5	2.4
Within the past three months	4	2.8
Within the past six months	4	3.2
Within the past year	7	3.3
Within the past five years	45	23.1
Within the past 15 years	44	19.9
15 or more years ago	74	42.4
Never smoked regularly	4	2.9

Section 9: Smokeless Tobacco Use	n	%
----------------------------------	---	---

Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (among all respondents)

Yes, chewing tobacco	83	14.3
Yes, snuff	11	1.6
Yes, both	19	3.0
No, neither	635	81.1

Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (among all respondents)

Yes, chewing tobacco	23	3.9
Yes, snuff	5	0.6
Yes, both	1	0.2
No, neither	719	95.3

Section 10: Demographics	n	%
--------------------------	---	---

What is your age? (among all respondents)

18-24	56	10.9
25-34	105	15.7
35-44	146	20.6
45-54	140	18.7
55-64	107	12.9
65-74	100	12.0
75+	92	9.2

Section 10: Demographics	n	%
--------------------------	---	---

What is your race? (among all respondents)

White	733	97.9
Black	5	0.8
Asian, Pacific Islander	0	
American Indian, Alaska Native	4	0.5
Other	5	0.9

Are you of Spanish or Hispanic origin? (among all respondents)

Yes	12	1.5
No	737	98.5

Are you: (among all respondents)

Married	440	68.8
Divorced	103	7.9
Widowed	103	9.0
Separated	25	2.4
Never been married	65	10.1
A member of an unmarried couple	5	0.9

How many children live in your household who are less than five years old? (among all respondents)

None	672	87.6
One	50	8.1
Two	22	3.7
Three	4	0.6

How many children live in your household who are five to 12 years old? (among all respondents)

None	606	79.5
One	82	11.8
Two	39	5.5
Three	17	2.6
Four	4	0.7

Section 10: Demographics	n	%
--------------------------	---	---

How many children live in your household who are 13 to 17 years old? (among all respondents)

None	645	85.6
One	66	9.5
Two	34	4.5
Three or more	3	0.4

What is the highest grade or year of school you completed? (among all respondents)

Never attended grade school	1	0.1
Grades 1 through 8 (elementary)	26	3.7
Grades 9-11 (some high school)	56	7.6
Grade 12 or GED (HS graduate)	362	48.9
College 1-3 years (some college or tech)	172	22.7
College 4 or more years (college grad.)	133	17.1

Are you currently: (among all respondents)

Employed for wages	420	59.9
Self-employed	68	9.4
Out of work for more than one year	5	0.9
Out of work for less than one year	4	0.6
Homemaker	39	5.3
Student	8	1.7
Retired	188	22.6
Unable to work	13	1.5

Is your annual household income from all sources: (among all respondents)

\$0-9,999	18	2.1
\$10,000-14,999	23	3.4
\$15,000-19,999	55	9.0
\$20,000-24,999	90	14.7
\$25,000-34,999	107	18.9
\$35,000-49,999	154	27.6
\$50,000-74,000	83	14.7
\$75,000+	48	9.7

About how much do you weigh without shoes?

0-99 lbs.	4	0.3
100-149 lbs.	222	27.6
150-199 lbs.	314	44.0
200-249 lbs.	144	23.6
250+ lbs.	29	4.5

Section 10: Demographics	n	%
--------------------------	---	---

What is your zip code? (among all respondents)

66032	58	7.7
66067	189	25.0
66076	28	4.3
66078	12	1.5
66079	12	1.8
66092	37	4.9
66413	18	2.6
66414	38	5.6
66451	34	4.5
66523	62	7.9
66528	12	2.0
66537	15	2.3
66856	20	2.3
66857	15	2.4
66839	53	6.4
66871	18	2.7
Other	116	16.1

How many residential telephone numbers do you have? (among all respondents)

1	692	96.0
2	50	3.8
3	1	0.1
4	1	0.1

Sex of respondent (among all respondents)

Male	279	48.4
Female	471	51.6

Section 11: Women's Health	n	%
----------------------------	---	---

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (among all women)

Yes	318	64.6
No	146	35.4

How long has it been since you had your last mammogram? (among all women)

Within the past year	212	42.2
Within the past two years	54	10.1
Within the past three years	15	2.9
Within the past five years	14	2.6
Five or more years ago	21	6.1
Never	146	35.5

Section 11: Women's Health	n	%
----------------------------	---	---

Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (among women who have ever had a mammogram)

Routine checkup	280	86.2
Breast problem other than cancer	32	12.0
Had breast cancer	6	1.8

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (among all women)

Yes	396	84.6
No	69	15.4

How long has it been since your last breast exam? (among all women)

Within the past year	299	63.9
Within the past two years	37	8.2
Within the past three years	21	4.4
Within the past five year	10	3.0
Five or more years ago	24	4.9
Never	69	15.5

Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (among women who have ever had a breast exam)

Routine checkup	374	95.5
Breast problem other than cancer	17	3.8
Had breast cancer	4	0.7

A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (among all women with a cervix)

Yes	315	96.2
No	12	3.8

Section 11: Women's Health	n	%
----------------------------	---	---

How long has it been since you had your last Pap smear? (among all women with a cervix)

Within the past year	213	69.5
Within the past two years	33	9.4
Within the past three years	16	4.0
Within the past five years	11	3.2
Five or more years ago	39	10.0
Never	12	3.8

Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (among all women with a cervix who have ever had a Pap smear)

Routine exam	310	98.1
Check current or previous problem	6	1.9

Have you had a hysterectomy? (among all women)

Yes	136	27.5
No	327	72.5

To your knowledge, are you now pregnant? (among all women 18-44 years old)

Yes	7	4.5
No	153	95.5

Section 12: Immunization	n	%
--------------------------	---	---

During the past 12 months, have you had a flu shot? (among all respondents)

Yes	282	34.9
No	457	65.1

Have you ever had a pneumonia vaccination? (among all respondents)

Yes	164	20.7
No	557	79.3

Section 13: HIV / AIDS	n	%
------------------------	---	---

*What are your chances of getting infected with HIV, the virus that causes AIDS?
Would you say: (among all persons 18 to 64 years old)*

High	5	0.8
Medium	8	1.2
Low	131	23.6
None	403	74.4

Have you ever had your blood tested for HIV? (among all persons 18 to 64 years old)

Yes	220	44.1
No	306	55.9

When was your last blood test for HIV? (among all persons 18 to 64 years old who ever had a blood test for HIV)

Before 1990	4	1.6
1990	7	6.6
1991	1	0.8
1992	7	3.6
1993	5	2.2
1994	5	2.6
1995	11	6.8
1996	18	10.3
1997	15	7.5
1998	24	17.0
1999	49	28.6
2000	21	12.4

What was the main reason you had your last blood test for HIV? (among all persons 18 to 64 years old who ever had test)

For hospitalization or surgical procedure	18	9.8
To apply for health insurance	9	4.4
To apply for life insurance	8	3.1
For employment	8	3.4
For a marriage license	2	0.9
For military induction or military service	15	8.2
Just to find out if you were infected	36	16.4
Physician referral	5	3.1
Because of pregnancy	30	13.5
Referred by sex partner	1	0.2
Because it was part of a blood donation	40	19.3
For routine checkup	27	11.8
Because of occupational exposure	7	2.4
Other	8	3.4

Section 13: HIV / AIDS	n	%
------------------------	---	---

Where did you have your last blood test for HIV? (among persons 18-64 who have ever had a blood test for HIV)

Private doctor, HMO	68	31.1
Blood bank, plasma center, Red Cross	35	16.6
Health Department	11	5.4
AIDS clinic, counseling, testing site	3	1.0
Hospital, ER, outpatient clinic	44	20.6
Family planning clinic	2	0.8
Prenatal clinic	2	1.0
STD clinic	1	0.3
Community health clinic	1	0.6
Clinic run by employer	15	6.6
Insurance company clinic	3	0.8
Other public clinic	2	0.8
Military induction or military service site	15	7.8
Home visit by nurse or health worker	8	3.3
Other	6	3.1

Did you receive the results of your last test? (among persons 18-64 who have ever had a blood test for HIV)

Yes	184	83.2
No	35	16.8

Section 14: Quality of Life	n	%
-----------------------------	---	---

Are you limited in any way in any activities because of any impairment or health problem? (among all respondents)

Yes	134	16.2
No	603	83.8

What is the major impairment or health problem that limits your activities? (among persons who report any activity limitation)

Arthritis / rheumatism	32	20.7
Back or neck problem	22	18.5
Fractures, bone / joint injury	12	9.5
Walking problem	18	13.4
Lung / breathing problem	7	6.0
Eye / vision problem	3	1.5
Heart problem	17	14.7
Stroke problem	2	1.5
Hypertension / high blood pressure	2	1.9
Diabetes	2	1.6
Other impairment / problem	14	12.0

Section 14: Quality of Life	n	%
-----------------------------	---	---

For how long have your activities been limited because of your major impairment or health problem? (among persons who report any activity limitation)

Six months or less	10	8.6
More than six months, less than a year	2	1.3
One to five years	45	33.3
Six to ten years	36	29.2
11 to 20 years	24	20.5
More than 20 years	9	7.2

Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house? (among persons who report any activity limitations)

Yes	13	10.2
No	120	89.8

Because of any impairment or health problem, do you need the help of other persons with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (among persons who report any activity limitations)

Yes	35	24.3
No	98	75.8

During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work or recreation? (among all respondents)

0 days	572	80.1
1 to 4 days	45	6.2
5 to 13 days	36	4.5
14 to 29 days	27	3.1
30 days	46	6.0

Section 14: Quality of Life	n	%
-----------------------------	---	---

During the past 30 days, for about how many days have you felt sad, blue, or depressed? (among all respondents)

0 days	450	65.4
1 to 4 days	139	18.4
5 to 13 days	63	8.9
14 to 29 days	31	4.2
30 days	28	3.1

During the past 30 days, for about how many days have you felt worried, tense, or anxious? (among all respondents)

0 days	365	52.7
1 to 4 days	137	19.6
5 to 13 days	88	11.9
14 to 29 days	45	6.3
30 days	67	9.5

During the past 30 days, how many days have you felt you did not get enough rest or sleep? (among all respondents)

0 days	289	41.8
1 to 4 days	106	15.1
5 to 13 days	139	18.2
14 to 29 days	98	13.5
30 days	87	11.4

During the past 30 days, for about how many days have you felt very healthy and full of energy? (among all respondents)

0 days	76	9.9
1 to 4 days	32	5.0
5 to 13 days	58	7.7
14 to 29 days	290	42.4
30 days	250	35.0

Health of Children Module	n	%
---------------------------	---	---

What is the age of the youngest child in your household under the age of 18? (among respondents reporting children in the home)

0-4 years	56	30.1
5-12 years	100	46.6
13-17 years	49	23.3

Health of Children Module	n	%
---------------------------	---	---

How is the youngest child in your home related to you? (among respondents reporting children in the home, weighted for children 0-17))

Daughter	93	39.9
Stepdaughter	6	3.3
Son	106	47.0
Stepson	3	2.2
Brother or stepbrother	1	0.6
Sister or stepsister	3	1.9
Grandson	3	1.2
Granddaughter	4	2.1
Other	4	1.9

Would you say that in general the youngest child's health is: (among respondents reporting children in the home, weighted for children 0-17)

Excellent	143	62.6
Very good	55	25.5
Good	18	8.4
Fair	4	1.8
Poor	3	1.7

Is the youngest child limited in any way in any activities because of an impairment or health problem? (among respondents reporting children in the home, weighted for children 0-17)

Yes	12	7.7
No	211	92.3

About how long has it been since the youngest child last visited a doctor for a routine checkup? (among respondents reporting children in the home, weighted for children 0-17)

Within the past year	194	88.2
Within the past 2 years	17	7.5
Within the past 5 years	4	2.0
Five or more years ago	2	0.9
Never	2	1.4

Health of Children Module	n	%
---------------------------	---	---

Was there a time during the last 12 months when the youngest child needed to see a doctor, but could not because of the cost? (among respondents reporting children in the home, weighted for children 0-17)

Yes	8	3.9
No	216	96.1

Is there a particular clinic, health center, doctor's office, or other place that you usually go to if the youngest child is sick or you need advice about the youngest child's health? (among respondents reporting children in the home, weighted for children 0-17)

Yes	207	92.2
More than one place	7	3.3
No	7	4.5

Does the youngest child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (among respondents reporting children in the home, weighted for children 0-17)

Yes	210	94.6
No	11	5.4

What type of health care coverage do you use to pay for most of the youngest child's medical care? (among respondents reporting children in the home, weighted for children 0-17)

From employer	90	43.2
From other's employer	76	33.2
Self purchased	16	6.0
Medicare	1	0.3
Medicaid	18	8.0
Other	5	3.5
None	12	5.8

Did anyone in the household get food stamps at any time during the past 12 months? (among respondents reporting children in the home, household weight)

Yes	9	3.8
No	213	96.2

Health of Children Module	n	%
<i>Does the youngest child's father live in this household? (among respondents reporting children in the home, weighted for children 0-17)</i>		
Yes, father	161	70.3
Yes, stepfather or adoptive father	6	4.0
No	56	25.8
<i>Does the youngest child's mother live in this household? (among respondents reporting children in the home, weighted for children 0-17)</i>		
Yes, mother	201	88.4
Yes, stepmother or adoptive mother	4	1.9
No	17	9.6
Parenting Module	n	%
<i>Would you say you are the parent or guardian who spends the most time caring for the youngest child? (among parents with children ages one to 17 in the household)</i>		
Yes	136	70.7
No	53	29.3
<i>Is the youngest child's time divided between parents or guardians who live in separate households? (among parents with children ages one to 17 in the household, weighted for children one-17)</i>		
Yes	35	19.6
No	156	80.4
<i>About how many hours did the youngest child watch television yesterday? (among parents with children ages one to 17 in the household, weighted for children one-17)</i>		
None	50	27.2
One	43	23.2
Two	48	27.0
Three	12	7.2
Four or more	27	15.5

Parenting Module	n	%
<i>To the following questions please answer how many days out of the past seven days you did the following activities with the oldest child: (among parents with children ages five to 17, weighted for children five - 17)</i>		
<i>Played a sport, physical game, or exercised together?</i>		
None	23	21.3
One to two	45	35.8
Three to four	29	22.5
Five or more	27	20.3
<i>Played a non-physical game with the child?</i>		
None	32	27.3
One to two	43	37.1
Three to four	19	17.0
Five or more	29	22.1
<i>Watched television with the child?</i>		
None	13	9.8
One to two	33	26.8
Three to four	24	17.0
Five or more	61	46.4
<i>Spent at least 20 minutes talking with the child?</i>		
None	1	0.9
One to two	6	4.8
Three to four	11	8.4
Five or more	116	85.9
<i>Helped the child with school activities or homework?</i>		
None	32	23.2
One to two	18	15.4
Three to four	17	14.1
Five or more	60	47.4
<i>Made the child responsible for completing a household chore?</i>		
None	7	4.5
One to two	13	9.8
Three to four	17	11.9
Five or more	97	73.8

Parenting Module	n	%
------------------	---	---

Attended a game or event the child participated in?

None	50	41.7
One to two	51	40.8
Three to four	11	10.0
Five or more	9	7.6

Are there family rules about what time the child goes to bed on a school night? (among households with children ages five to 17, weighted for children five-17)

Yes	128	92.6
No	9	7.4

Are there family rules about the amount of time the child is allowed to watch television? (among households with children ages five to 17, weighted for children five-17)

Yes	82	59.2
No	55	40.8

Are there family rules about which television programs and movies the child is allowed to watch? (among respondents with children ages five to 17, weighted for children five-17)

Yes	123	89.7
No	14	10.3

Are there family rules about which computer or video games the child is allowed to play? (among respondents with children ages five to 17, weighted for children five-17)

Yes	110	79.0
No	27	21.0

Parenting Module	n	%
------------------	---	---

Where does the child most often go when school lets out? (among respondents with children ages five to 17, weighted for children five-17)

Home	85	63.0
Child care provider/babysitter	9	5.9
Friend's home	5	4.0
Work	3	3.5
Spends time with friends	1	1.3
Community organization (Y, library, etc.)	1	0.6
After school sport, club, directed activity	7	5.3
Other	5	4.2
Not in school currently	19	12.2

On how many days of the past seven days was the child supervised by an adult after school? (among respondents with children ages five to 17, weighted for children five - 17)

None	7	7.1
One to two	1	1.0
Three to four	3	3.2
Five or more	67	82.0
Not in school currently	19	6.7

How many days during the past seven days have you done the following activities with the oldest child? (among households with children ages one to four years old, weighted for children ages one to four)

Played a sport, physical game, exercised?

None	4	7.2
One to two	5	9.3
Three to four	12	24.7
Five or more	29	58.8

Played a non-physical game?

None	7	14.0
One to two	7	14.0
Three to four	12	25.0
Five or more	22	46.1

Watched television with?

None	12	24.7
One to two	16	32.0
Three to four	4	7.2
Five or more	18	36.1

Parenting Module	n	%
------------------	---	---

Read to the child?

None	7	13.1
One to two	6	12.1
Three to four	12	24.2
Five or more	26	50.5

About how many hours per week does the child spend in a day care center, home, or pre-school? (among respondents with children ages one to 17 in the household weighted for children ages one to four)

None	28	53.5
One to twenty	10	19.8
Twenty-one to thirty-nine	2	4.0
Forty and over	12	22.8

Violence and Crime Module	n	%
---------------------------	---	---

How afraid are you to leave your home at night? (among all respondents)

Very afraid	12	1.4
Somewhat afraid	25	2.7
A little afraid	65	8.0
Not afraid	626	87.9

When was the last time you saw a violent crime in your neighborhood? (among all respondents)

Within the past week	5	0.7
Within the past month	5	0.7
Within the past year	14	1.8
One or more years ago	31	4.0
Never	668	92.9

During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend or girlfriend? (among all respondents)

Yes	92	12.7
No	637	87.3

Social Context Module	n	%
-----------------------	---	---

How safe from crime do you consider your neighborhood to be? (among all respondents)

Extremely safe	341	46.6
Quite safe	339	47.1
Slightly safe	38	5.5
Not at all safe	7	0.8

Do you own or rent your home? (among all respondents)

Own	586	81.6
Rent	132	18.4

How long have you lived at your current address? (among all respondents)

Less than six months	32	4.1
Less than one year	39	5.6
Less than two years	60	9.4
Two or more years	590	80.8

How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (among all respondents)

Three or more	668	92.8
Two	32	4.5
One	10	1.4
None	13	1.3

In the past 30 days, have you been concerned about having enough food for you or your family? (among all respondents)

Yes	26	4.1
No	699	95.9

Oral Health Module	n	%
--------------------	---	---

How long has it been since you last visited the dentist or a dental clinic? (among all respondents)

Within the past year	435	61.1
Within the past 2 years (1 to 2 years)	83	11.5
Within the past 5 years (2 to 5 years)	54	8.3
5 or more years ago	136	17.9
Never	4	1.3

Oral Health Module	n	%
--------------------	---	---

What is the main reason you have not visited the dentist in the last year? (among respondents not visiting the dentist during the past year)

Dislike going (fear)	28	10.5
Cost	47	18.5
Do not have or know a dentist	3	2.4
Cannot get to the office	1	0.2
No reason to go (no problems, no teeth)	153	53.6
Other priorities	10	3.9
Have not thought of it	9	5.1
Other	15	5.9

How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons such as injury or orthodontics (among all respondents)

Five or fewer	192	27.3
Six or more but not all	100	11.6
All	95	11.9
None	323	49.2

Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (among all respondents)

Yes	397	57.8
No	319	42.2

Are you currently in need of any dental services such as fillings, dentures, or partials, teeth pulled, caps, crowns, or root canal? (among all respondents)

Yes, fillings, caps or crowns, or root canal	88	12.2
Yes, teeth pulled, dentures or partials	50	7.0
Yes, both	12	1.6
No	562	79.3

Firearms Module	n	%
-----------------	---	---

Firearms include weapons such as pistols, shotguns, and rifles, but do not include BB guns, starter pistols, or guns that cannot fire.

Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (among all respondents, household weight)

Yes	335	47.5
No	363	52.5

Are any of the firearms handguns, such as pistols or revolvers? (among all respondents, household weight)

Yes	143	20.3
No	549	79.7

Are any of the firearms long guns, such as rifles or shotguns? (among all respondents, household weight)

Yes	316	44.9
No	379	55.1

What is the main reason that there are firearms in or around your home? (among respondents keeping firearms in or around house, household weight)

Hunting or sport	264	79.6
Protection	24	7.1
Work	8	2.5
Some other reason	35	10.8

Is there a firearm in or around your home that is now both loaded and unlocked? (among all respondents, household weight)

Yes	44	6.4
No	646	93.6

During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people? (among all respondents, excluding job-related requirements)

Yes	8	1.2
No	688	98.8

Firearms Module	n	%
-----------------	---	---

During the past 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm? (among all respondents, excluding job-related requirements)

Yes	27	3.7
No	667	96.3

During the past 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else? (among all respondents, excluding job-related requirements)

Yes	5	0.7
No	689	99.3

In the past 3 years, have you attended a firearm safety workshop, class, or clinic? (among respondents keeping firearms in or around home)

Yes	31	9.3
No	300	90.7

Do any of the firearms kept in or around your home belong to you, personally? (among respondents with firearms in or around their home)

Yes	205	62.6
No	127	37.4

Alcohol Consumption Module	n	%
----------------------------	---	---

During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (among all respondents)

Yes	278	41.1
No	440	58.9

Alcohol Consumption Module	n	%
----------------------------	---	---

During the past month, how many days per week or per month did you drink any alcoholic beverages? (among all respondents)

Zero days per month	440	59.2
One to five days per month	177	26.6
Six to ten days per month	37	6.0
11 to 20 days per month	30	3.4
21 to 29 days per month	3	1.0
30 days per month	16	3.0

A drink is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (among all respondents)

Don't drink	440	60.4
One drink	96	14.2
Two drinks	85	12.6
Three drinks	32	5.2
Four drinks	21	3.4
Five or more drinks	26	4.2

Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on an occasion? (among all respondents)

None	637	87.0
One or more times	77	13.0

During the past month, how many times have you driven when you've had perhaps too much to drink? (among all respondents)

None	705	98.0
One or more times	13	2.0

Injury Module	n	%
---------------	---	---

During the past year, have you suffered an injury serious enough to keep you from doing your regular activities for at least one day? (among all respondents)

Yes	86	11.8
No	634	88.2

Injury Module	n	%
---------------	---	---

Did your injury occur while you were at work? (among respondents reporting injury)

Yes	33	43.0
No	53	57.0

Where did your injury occur? (among respondents reporting injury)

Home	31	32.7
Farm/ranch	9	10.0
Public building	13	16.1
Industrial place	5	4.8
Street / highway / road	3	4.1
Recreational place	7	13.3
Residential institution	2	1.5
Other	12	17.6

What was the main cause of your injury? (among respondents reporting injury)

Fall	38	41.1
Firearm	1	1.7
Motor vehicle crash	2	3.5
Other form of transportation	1	1.8
Poisoning	1	1.7
Over exertion	14	17.9
Other	25	32.3

Was your injury inflicted on purpose by yourself or someone else? (among respondents reporting injury)

Yes	5	6.1
No	77	93.9

Did you receive treatment from a health professional for your injury? (among respondents reporting injury)

Yes	70	83.1
No	15	16.9

Where did you receive treatment for your injury? (among respondents reporting injury)

Emergency room / urgent care center	22	33.8
Hospital	11	15.0
Doctor's office or HMO	30	41.3
Health clinic or walk-in center	3	3.8
Other	4	6.0

Passive Smoking Module	n	%
------------------------	---	---

Including yourself, how many person in your household are current cigarette smokers? (among all respondents, household weight)

None	519	69.3
One	138	19.9
Two	54	9.3
Three	8	1.5

How many smoke inside the home? (among households with current smokers, household weight)

None	55	27.5
One	95	42.7
Two	43	21.5
Three	7	3.4

Do you work outside the home? (among all respondents)

Yes	439	64.3
No	280	35.7

Which of the following best describes the policy about smoking at your work place? (among those who work outside the home)

No smoking allowed inside	254	55.4
Smoking restricted to designated areas	100	24.8
Smoking allowed in most places	9	2.0
No policy regarding smoking	71	17.8

Health Care Coverage Module	n	%
-----------------------------	---	---

What is the main reason you are without health care coverage? (among respondents without health care coverage currently)

Lost job or changed employers	6	9.9
Spouse or parent lot job / changed emp	2	3.3
Became ineligible (age or left school)	4	7.2
Employer doesn't offer coverage	4	7.6
Couldn't afford to pay the premiums	23	39.4
Insurance company refused coverage	1	0.8
Other	12	31.9

Health Care Coverage Module	n	%
-----------------------------	---	---

Other than the health care coverage which pays for most of your medical care, do you have any other type of health care coverage? (among respondents with health care coverage)

Yes	215	29.2
No	436	70.8

What was the main reason you were without health care coverage? (among persons with health care coverage now, but without insurance during the past 12 months)

Lost job or changed employers	11	23.7
Employer doesn't offer coverage	3	12.3
Became divorced or separated	1	3.7
Became ineligible (age or left school)	1	2.5
Employer doesn't offer coverage	4	21.6
Benefits ran out	1	1.5
Couldn't afford to pay the premiums	6	18.6
Other	5	16.0

Health Care Utilization Module	n	%
--------------------------------	---	---

How would you rate your satisfaction with your overall health care? (among all respondents)

Excellent	203	26.3
Very Good	263	38.3
Good	159	23.0
Fair	59	8.2
Poor	16	2.5
Don't use health services	11	1.7

Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice? (among all respondents)

Yes	643	87.8
More than one place	16	2.2
No	58	10.0

Health Care Utilization Module	n	%
--------------------------------	---	---

What is the main reason you do not have one usual source of medical care? (among respondents without one usual source)

Two or more usual places	6	17.2
Have not needed a doctor	23	47.8
Do not like, believe, trust doctors	2	2.4
Do not know where to go	2	4.6
No insurance / cannot afford	2	4.4
No place available / close / convenient	1	2.1
Other	12	21.4

What kind of place is it [usual source]—a clinic, a health center, a hospital, a doctor's office, or some other place? (among respondents with a usual source of healthcare)

Doctor's office or private clinic	598	91.7
Company or school health clinic / center	10	1.6
Community / migrant / rural clinic / center	14	1.9
County/city/public hospital outpatient clinic	13	1.9
Private/other hospital outpatient clinic	3	0.4
Hospital emergency room	10	1.7
VA hospital or clinic	5	0.7
Some other kind of place	2	0.1

Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place? (among respondents with a usual source of healthcare)

Excellent	212	32.4
Very good	207	31.2
Good	159	25.5
Fair	50	7.3
Poor	25	3.6

When did you last change doctors? (among those with usual source of care)

Within the past year	58	8.5
Within the past 2 years	64	10.5
Within the past 3 years	55	9.2
Within the past 5 years	54	8.2
Five or more years	275	42.7
Never	129	20.9

Health Care Utilization Module	n	%
--------------------------------	---	---

*Why did you change doctors that last time?
(among respondents who changed)*

Changed residence or moved	153	30.7
Changed jobs	8	2.0
Changed health care coverage	36	7.2
Provider moved or retired	169	34.5
Dissatisfied with former provider	52	10.9
Provider not covered by health plan	7	1.0
Owed money to former provider	1	0.1
Medical care needs changed	8	1.3
Other	58	12.2

Preventive Care Module	n	%
------------------------	---	---

*During the past ten years have you
received a tetanus shot? (among all
respondents)*

Yes	464	71.3
No	208	28.7

Risk Factor Tables

Definitions

Number At Risk (Unweighted): The raw number of respondents who reported being at risk for the defined health risk behavior.

Percent At Risk (Weighted): Percentage of Franklin, Osage, Coffey and Anderson (FOCA) County residents at risk for the defined health risk behavior. The data are weighted to more closely resemble the characteristics of the population of FOCA Counties (See interpretation of results for more information on the weighting procedure).

95% CI: Confidence intervals represent statistically derived ranges around the estimated percent at risk (estimated because the entire population of the county was not interviewed). The true percentage in the population (the value that would have been obtained if everyone in the county had been interviewed) is 95% likely to lie within the confidence interval limit. In the example below, 12% represents the best estimate of the frequency of the characteristic in the population. Almost certainly (i.e., only 5% chance of being wrong) the true value for the population lies between 10 and 14. The certainty of the estimate (how narrow the confidence limits are) depends on the number of persons in the survey and the number at risk.

Table A: Example

Demographic Characteristics	Number At Risk	Percent At Risk	95% CI
Total	n 113	% 12	10 - 14
Age Group			
18-24	3	5	0 - 11
25-34	5	5	0 - 10
35-44	8	3	1 - 7
45-54	22	15	9 - 22
55-64	16	17	9 - 26
65-74	26	22	14 - 30
75+	33	30	22 - 40

Table A: Fair or Poor General Health*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 103	% 14	11 - 17
Age Group			
18-24	5	9	1 - 17
25-34	2	3	0 - 8
35-44	11	7	2 - 11
45-54	15	10	5 - 15
55-64	15	16	8 - 24
65-74	22	28	17 - 40
75+	33	40	28 - 52
Gender			
Male	36	13	9 - 18
Female	67	14	11 - 18
Education			
< H.S. Grad.	23	28	16 - 39
High School Grad.	54	15	11 - 20
Some College	18	9	5 - 14
College Grad.	8	6	1 - 10
Household Income			
\$0-\$19,999	24	25	15 - 35
\$20,000-\$34,999	30	17	11 - 24
\$35,000-\$49,999	12	7	3 - 12
\$50,000+	7	4	1 - 7
Other			
14+ of last 30d in pain	22	32	20 - 44
14+ of last 30d sad	18	27	15 - 40
14+ of last 30d anxious	28	23	14 - 32
Sedentary	66	15	11 - 18
Diabetes	23	50	33 - 66
High blood pressure	51	23	17 - 30
Current smoking	24	16	10 - 23
Overweight	45	16	11 - 21
Activity limitation	49	37	27 - 46
County			
Anderson	12	13	5 - 21
Coffey	20	16	9 - 23
Franklin	41	13	8 - 18
Osage	27	14	8 - 20

* Respondents who report their health in general as fair or poor (among all respondents)

Table B: Lacked Health Care Coverage**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 60	% 10	7 - 12
Age Group			
18-24	13	26	12 - 39
25-34	11	12	5 - 20
35-44	19	14	7 - 22
45-54	8	6	2 - 11
55-64	6	4	1 - 8
65+	3	1	0 - 3
Gender			
Male	22	9	5 - 14
Female	38	10	6 - 13
Education			
< H.S. Grad.	10	16	5 - 26
High School Grad.	30	9	6 - 13
Some College or College Grad.	14	11	4 - 17
	6	5	1 - 9
Household Income			
\$0-\$19,999	17	21	11 - 31
\$20,000-\$34,999	18	10	5 - 15
\$35,000-\$49,999	9	7	2 - 12
\$50,000+	1	0	0 - 1
Marital Status			
Married	27	7	4 - 10
Divorced/Separated	17	14	7 - 21
Widowed	5	9	0 - 18
Never Married/U.C.	10	19	7 - 31
Employment			
Employed for wages	34	10	6 - 13
Self-employed	8	10	3 - 17
Not emp. for wages	14	25	12 - 37
Retired	3	1	0 - 2
County			
Anderson	8	8	2 - 14
Coffey	9	12	3 - 21
Franklin	21	8	4 - 12
Osage	19	9	5 - 14

** Respondents reporting no health insurance of any kind at the time of the survey (among all respondents)

Table C: Unable to See a Doctor due to the Cost in Past 12 Months*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 59	% 8	6 - 11
Age Group			
18-24	5	10	1 - 19
25-34	16	14	7 - 20
35-44	16	11	5 - 17
45-54	9	6	2 - 10
55-64	5	3	0 - 6
65+	8	5	0 - 11
Gender			
Male	10	4	1 - 7
Female	49	12	8 - 16
Education			
< H.S. Grad.	8	9	2 - 17
High School Grad.	33	10	6 - 14
Some College	13	6	3 - 10
College Grad.	5	4	0 - 7
Household Income			
\$0-\$19,999	17	19	9 - 29
\$20,000-\$34,999	12	7	3 - 11
\$35,000-\$49,999	9	5	2 - 8
\$50,000+	3	2	0 - 4
Employment			
Employed for wages	34	8	5 - 11
Self-employed	4	10	0 - 23
Not emp. for wages	13	19	8 - 30
Retired	6	2	0 - 4
Marital Status			
Married	25	6	3 - 9
Divorced/Separated	16	15	7 - 23
Widowed	10	12	3 - 20
Never Married/U.C.	5	8	0 - 15
County			
Anderson	7	9	2 - 17
Coffey	7	5	0 - 9
Franklin	28	9	5 - 12
Osage	17	10	4 - 15

* Respondents reporting one or more times during the past year when they were unable to see a doctor due to cost (among all respondents)

Table D: Lacked Usual Source of Routine Health Care**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 74	% 11	8 - 14
Age Group			
18-24	10	18	7 - 28
25-34	11	11	4 - 17
35-44	20	19	10 - 27
45-54	11	8	3 - 13
55-64	11	9	3 - 14
65+	11	5	2 - 8
Gender			
Male	40	15	10 - 19
Female	34	8	5 - 10
Education			
< H.S. Grad.	12	14	5 - 22
High School Grad.	34	11	7 - 14
Some College	15	10	4 - 17
College Grad.	13	11	5 - 17
Household Income			
\$0-\$19,999	11	13	4 - 22
\$20,000-\$34,999	15	7	3 - 10
\$35,000-\$49,999	17	13	6 - 19
\$50,000+	14	12	6 - 19
Employment			
Employed for wages	52	14	10 - 18
Self-employed	3	4	0 - 9
Not emp. for wages	7	11	2 - 19
Retired	12	6	2 - 9
Marital Status			
Married	41	10	7 - 14
Divorced/Separated	7	6	2 - 10
Widowed	7	9	1 - 18
Never Married/U.C.	17	20	10 - 31
County			
Anderson	12	12	5 - 19
Coffey	16	14	6 - 23
Franklin	30	11	7 - 15
Osage	15	9	4 - 14

** Respondents reporting that they did not have at least one doctor they usually go to for routine medical care (among all respondents)

Table E: Hypertension*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 213	% 27	24 - 31
Age Group			
18-24	8	14	4 - 25
25-34	10	11	4 - 18
35-44	34	23	16 - 31
45-54	34	25	17 - 33
55-64	40	36	26 - 46
65-74	45	45	34 - 57
75+	40	43	31 - 55
Gender			
Male	67	24	19 - 29
Female	146	30	25 - 35
Education			
< H.S. Grad.	31	43	30 - 55
High School Grad.	109	27	22 - 32
Some College	46	24	17 - 31
College Grad.	27	20	13 - 28
Household Income			
\$0 - \$19,999	34	32	21 - 43
\$20,000 - \$34,999	58	31	23 - 38
\$35,000 - \$49,999	32	20	13 - 26
\$50,000+	26	20	13 - 27
Other			
Limiting pain in last 30d	56	36	28 - 45
14+ of last 30d sad	21	32	19 - 45
14+ of last 30d anxious	37	31	22 - 40
Sedentary	127	29	24 - 34
Diabetes	29	59	42 - 76
High cholesterol	85	45	37 - 52
Current smoking	41	25	18 - 33
Overweight	110	37	31 - 43
Activity limitation	57	44	34 - 53
County			
Anderson	24	22	13 - 31
Coffey	46	37	27 - 46
Franklin	88	29	23 - 34
Osage	48	21	15 - 27

* Respondents who had their blood pressure checked and been told that they have high blood pressure (among all respondents).

Table F: High Blood Cholesterol**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 194	% 33	28 - 37
Age Group			
18-24	1	4	0 - 12
25-34	6	15	4 - 26
35-44	28	25	16 - 34
45-54	40	37	27 - 47
55-64	41	42	30 - 53
65-74	45	46	35 - 57
75+	33	41	28 - 53
Gender			
Male	53	28	21 - 35
Female	141	36	31 - 42
Education			
< H.S. Grad.	20	28	16 - 40
High School Grad.	103	39	33 - 46
Some College	35	24	16 - 32
College Grad.	36	30	21 - 39
Household Income			
\$0-\$19,999	29	38	24 - 51
\$20,000-\$34,999	55	37	28 - 46
\$35,000-\$49,999	32	28	19 - 37
\$50,000+	28	28	19 - 38
Other			
Limiting pain in last 30d	52	41	32 - 51
14+ of last 30d sad	20	35	20 - 50
14+ of last 30d anxious	35	40	28 - 51
Sedentary	102	33	27 - 38
Diabetes	19	43	26 - 60
High blood pressure	85	45	37 - 53
Current smoking	37	37	27 - 48
Overweight	83	37	29 - 44
Activity limitation	54	43	33 - 53
County			
Anderson	24	35	21 - 48
Coffey	33	36	25 - 46
Franklin	82	32	26 - 39
Osage	50	32	24 - 41

**Respondents who had their blood cholesterol checked and been told that they have high blood cholesterol (among all respondents).

Table G: Overweight*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 283	% 40	36 - 44
Age Group			
18-24	20	36	22 - 50
25-34	33	34	25 - 44
35-44	56	43	33 - 52
45-54	55	40	32 - 50
55-64	54	57	46 - 68
65-74	39	39	27 - 50
75+	25	27	17 - 38
Gender			
Male	109	41	34 - 47
Female	174	39	34 - 45
Education			
< H.S. Grad.	27	30	19 - 41
High School Grad.	151	44	38 - 50
Some College	55	35	27 - 44
College Grad.	50	42	32 - 51
Household Income			
\$0 - \$19,999	42	42	31 - 53
\$20,000 - \$34,999	82	43	35 - 51
\$35,000 - \$49,999	57	40	31 - 48
\$50,000+	49	41	31 - 50
Other			
Limiting pain in last 30d	68	47	38 - 56
14+ of last 30d sad	27	46	31 - 61
14+ of last 30d anxious	51	49	38 - 59
Sedentary	160	42	36 - 48
Diabetes	31	78	65 - 91
High blood pressure	110	55	48 - 64
Current smoking	43	30	22 - 39
High cholesterol	83	48	40 - 56
Activity limitation	67	55	45 - 64
County			
Anderson	36	38	27 - 50
Coffey	54	47	36 - 57
Franklin	104	37	31 - 43
Osage	82	42	34 - 50

* Respondents with a body mass index (kg/meter²) of \$27.3 for females or \$27.8 for males (among all respondents)

Table H: Diabetes Mellitus**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 45	% 6	4 - 8
Age Group			
18-34	1	0	0 - 1
35-64	27	8	5 - 11
65+	17	8	4 - 12
Gender			
Male	13	5	2 - 8
Female	32	6	4 - 8
Education			
< H.S. Grad.	6	5	1 - 9
High School Grad.	25	7	4 - 10
Some College	7	5	1 - 9
College Grad.	7	4	1 - 8
Household Income			
\$0 - \$19,999	13	11	5 - 18
\$20,000 - \$34,999	14	7	3 - 10
\$35,000 - \$49,999	9	6	2 - 11
\$50,000+	2	3	0 - 6
Other			
Limiting pain in last 30d	14	9	4 - 14
14+ of last 30d sad	7	14	3 - 26
14+ of last 30d anxious	11	10	4 - 17
Sedentary	26	5	3 - 7
High cholesterol	19	10	5 - 14
High blood pressure	29	13	8 - 17
Current smoking	6	3	1 - 5
Overweight	31	11	7 - 15
Activity limitation	19	14	8 - 20
County			
Anderson	4	4	0 - 8
Coffey	6	4	1 - 8
Franklin	22	7	4 - 10
Osage	13	7	3 - 11

** Respondents ever told they had diabetes, excluding diabetes limited to pregnancy only (among all respondents).

Table I: Sedentary Lifestyle*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 407	% 57	53 - 61
Age Group			
18-24	27	56	41 - 71
25-34	50	49	39 - 59
35-44	75	57	48 - 66
45-54	89	64	55 - 72
55-64	54	54	44 - 65
65-74	60	58	46 - 70
75+	50	62	50 - 73
Gender			
Male	165	62	55 - 68
Female	242	53	48 - 58
Education			
< H.S. Grad.	50	62	50 - 74
High School Grad.	210	60	54 - 66
Some College	94	59	51 - 67
College Grad.	53	43	34 - 53
Household Income			
\$0-\$19,999	54	63	51 - 74
\$20,000-\$34,999	105	57	49 - 65
\$35,000-\$49,999	83	56	48 - 65
\$50,000+	62	47	38 - 56
Other			
14+ of last 30d in pain	44	66	54 - 78
14+ of last 30d sad	32	54	39 - 69
14+ of last 30d anxious	63	58	48 - 69
Fair or poor health	66	63	51 - 75
Overweight	160	60	53 - 66
Diabetes	26	58	40 - 75
High blood pressure	127	61	53 - 68
Current smoking	105	70	62 - 79
High cholesterol	102	57	50 - 65
Activity limitation	92	71	62 - 79
County			
Anderson	60	66	55 - 77
Coffey	63	56	46 - 66
Franklin	166	55	49 - 61
Osage	108	57	49 - 65

* Respondents who report leisure time exercise less than 20 minutes three days per week (among all respondents).

Table J: Not Regular Physical Activity**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 584	% 80	77 - 84
Age Group			
18-24	43	79	67 - 91
25-34	81	78	69 - 86
35-44	119	86	81 - 92
45-54	115	81	73 - 88
55-64	75	76	67 - 85
65-74	82	82	70 - 93
75+	67	79	70 - 88
Gender			
Male	220	81	76 - 87
Female	364	79	75 - 83
Education			
< H.S. Grad.	62	79	70 - 89
High School Grad.	284	80	75 - 85
Some College	136	83	77 - 89
College Grad.	102	78	71 - 86
Household Income			
\$0 - \$19,999	67	76	66 - 87
\$20,000 - \$34,999	155	84	79 - 89
\$35,000 - \$49,999	120	80	73 - 87
\$50,000+	94	72	63 - 80
Other			
14+ of last 30d in pain	57	83	74 - 93
14+ of last 30d sad	44	77	64 - 90
14+ of last 30d anxious	86	81	73 - 89
Fair or poor health	82	81	70 - 92
Overweight	225	84	80 - 89
Diabetes	34	83	69 - 96
High blood pressure	170	81	75 - 87
Current smoking	129	85	79 - 92
High cholesterol	146	79	72 - 85
Activity limitation	114	89	84 - 95
County			
Anderson	72	82	74 - 91
Coffey	92	78	70 - 87
Franklin	244	81	76 - 86
Osage	161	81	74 - 87

** Does not engage in physical activity at least 5 times a week for at least 30 minutes each time (among all respondents).

Table K: Failed to Always Use Safety Belt*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 279	% 38	34 - 42
Age Group			
18-24	27	50	36 - 65
25-34	42	39	29 - 49
35-44	54	37	28 - 45
45-54	50	35	26 - 43
55-64	37	36	26 - 47
65-74	31	32	21 - 42
75+	37	41	29 - 53
Gender			
Male	137	48	41 - 54
Female	142	29	24 - 33
Education			
< H.S. Grad.	44	51	39 - 63
High School Grad.	139	40	34 - 46
Some College	60	35	27 - 44
College Grad.	36	27	19 - 35
Household Income			
\$0 - \$19,999	43	44	32 - 56
\$20,000 - \$34,999	76	41	33 - 49
\$35,000 - \$49,999	57	39	30 - 47
\$50,000+	42	30	22 - 39
Employment			
Employed for wages	161	39	33 - 44
Self-employed	37	60	46 - 74
Not emp. for wages	20	25	14 - 36
Retired	60	33	25 - 41
Marital Status			
Married	150	34	30 - 39
Divorced/Separated	57	49	39 - 59
Widowed	35	33	23 - 43
Never Married/U.C.	36	53	39 - 66
County			
Anderson	40	46	35 - 58
Coffey	49	39	30 - 49
Franklin	107	34	28 - 40
Osage	72	37	30 - 41

* Respondents reporting that they do not always use a seat belt (among all respondents).

Table L: Child Aged 0 to 15 Years Failed to Always Use Safety Belt**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 42	% 17	12 - 22
Age of Oldest Child			
0 - 4	2	7	0 - 16
5 - 9	8	16	6 - 26
10 - 15	32	25	17 - 33
Household Income			
\$0 - \$19,999	5	39	11 - 67
\$20,000 - \$34,999	17	24	12 - 35
\$35,000 - \$50,000+	14	10	5 - 16
Marital of Respondent			
Married	22	12	7 - 18
Divorced/Separated	15	31	17 - 45
Never Married/U.C.	5	29	4 - 54
County			
Anderson	6	18	3 - 33
Coffey	6	17	3 - 30
Franklin	14	13	6 - 20
Osage	15	23	12 - 34

** Oldest child between the ages of 0-15 is not always restrained by safety seat or seat belt (among children ages 0-15, weighted for children ages 0-15).

Table M: Current Cigarette Use*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 151	% 21	18 - 24
Age Group			
18-24	15	26	14 - 39
25-34	17	17	9 - 24
35-44	44	31	22 - 39
45-54	34	25	17 - 33
55-64	23	21	13 - 30
65+	18	9	5 - 14
Gender			
Male	61	22	16 - 27
Female	90	21	17 - 25
Education			
< H.S. Grad.	16	24	13 - 35
High School Grad.	81	23	18 - 27
Some College	36	22	14 - 29
College Grad.	18	15	8 - 22
Household Income			
\$0-\$19,999	20	26	15 - 37
\$20,000-\$34,999	46	22	16 - 29
\$35,000-\$49,999	32	22	15 - 29
\$50,000+	23	18	11 - 25
Other			
Limiting pain in last 30d	33	23	15 - 31
14+ of last 30d sad	18	32	18 - 45
14+ of last 30d anxious	37	36	26 - 46
Sedentary	105	26	22 - 31
Diabetes	6	11	2 - 20
High blood pressure	41	20	14 - 26
Overweight	43	16	11 - 21
Activity limitation	28	24	16 - 33
Fair or poor health	24	25	15 - 35
County			
Anderson	23	28	18 - 39
Coffey	19	16	9 - 24
Franklin	62	22	17 - 28
Osage	43	20	14 - 25

* Respondents who report smoking cigarettes some days or all days (among all respondents).

Table N: Smokeless Tobacco Use Among Males**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 29	% 10	6 - 13
Age Group			
18-34	16	21	11 - 31
35-54	11	6	2 - 10
55+	2	3	0 - 9
Education			
H.S. Grad. or less	19	10	5 - 14
Any College	10	10	4 - 17
Household Income			
\$0-\$19,999	2	10	0 - 24
\$20,000-\$34,999	12	11	5 - 17
\$35,000+	10	8	3 - 14
Marital Status			
Married	14	7	3 - 11
Not married	15	16	7 - 25
County			
Anderson	4	9	0 - 18
Coffey	8	14	4 - 24
Franklin	8	6	2 - 10
Osage	9	15	5 - 24

** Males who report current use of smokeless tobacco (among all males).

Table O: Lacked Recent Mammogram*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 92	% 29	23 - 35
Age Group			
40-49	26	31	21 - 42
50-64	27	26	17 - 35
65+	39	30	21 - 39
Education			
< H.S. Grad.	18	61	42 - 79
High School Grad.	48	29	22 - 37
Some College	16	21	11 - 31
College Grad.	10	18	7 - 28
Household Income			
\$0 - \$19,999	20	40	24 - 55
\$20,000 - \$34,999	19	30	17 - 44
\$35,000 - \$49,999	17	32	18 - 45
\$50,000+	12	22	11 - 34
Marital Status			
Married	47	29	21 - 36
Divorced/Separated	13	21	10 - 32
Widowed	26	34	22 - 47
Never Married/U.C.	5	50	17 - 82
Other			
Limiting pain in last 30d	21	29	17 - 40
14+ of last 30d sad	10	38	18 - 59
14+ of last 30d anxious	17	36	21 - 50
Activity limitation	25	30	20 - 41
No health insurance	10	74	53 - 96
County			
Anderson	8	25	10 - 41
Coffey	16	26	14 - 38
Franklin	43	34	25 - 43
Osage	24	25	15 - 34

* Female respondents who had not had a mammogram within the past two years (among women ages 40 and older).

Table P: Lacked Recent Clinical Breast Exam**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 119	% 27	22 - 31
Age Group			
20-39	28	25	17 - 34
40-49	20	25	15 - 36
50-59	22	30	19 - 41
60-69	15	21	11 - 32
70+	31	33	22 - 45
Education			
< H.S. Grad.	17	39	21 - 57
High School Grad.	59	28	21 - 34
Some College or	29	29	19 - 38
College Grad.	14	15	7 - 23
Household Income			
\$0 - \$19,999	24	39	25 - 53
\$20,000 - \$34,999	33	33	22 - 43
\$35,000 - \$49,999	20	22	12 - 31
\$50,000+	16	23	12 - 33
Marital Status			
Married	61	25	19 - 30
Divorced/Separated	17	25	13 - 37
Widowed	28	37	24 - 49
Never Married/U.C.	12	32	15 - 50
Other			
Limiting pain in last 30d	28	33	22 - 44
14+ of last 30d sad	16	49	30 - 67
14+ of last 30d anxious	25	34	22 - 46
Activity limitation	26	32	21 - 44
No health insurance	18	45	27 - 64
County			
Anderson	19	38	23 - 53
Coffey	19	26	14 - 37
Franklin	49	28	20 - 35
Osage	31	23	15 - 30

** Female respondents who had not had a recent clinical breast exam within the past 2 years (among women ages 18 and older).

Table Q: Lacked Either Recent CBE or Mammogram*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 115	% 36	30 - 42
Age Group			
40-49	29	35	24 - 46
50-64	35	34	24 - 44
65+	51	39	29 - 48
Education			
< H.S. Grad.	20	67	49 - 85
High School Grad.	58	36	28 - 44
Some College	26	33	22 - 45
College Grad.	11	19	8 - 30
Household Income			
\$0 - \$19,999	24	51	35 - 66
\$20,000 - \$34,999	26	39	25 - 53
\$35,000 - \$49,999	19	36	22 - 50
\$50,000+	16	28	16 - 41
Marital Status			
Married	58	35	27 - 42
Divorced/Separated	17	30	17 - 44
Widowed	34	45	33 - 57
Never Married/U.C.	5	50	17 - 82
Other			
Limiting pain in last 30d	23	31	20 - 43
14+ of last 30d sad	13	48	28 - 69
14+ of last 30d anxious	20	41	27 - 56
Activity limitation	28	34	23 - 45
No health insurance	12	85	69 - 100
County			
Anderson	15	51	32 - 69
Coffey	19	30	17 - 43
Franklin	50	39	30 - 49
Osage	30	31	21 - 41

* Female respondents who had not had a clinical breast exam or a mammogram within the past two years (among women ages 40 and older)..

Table R: Lacked Recent Pap Smear Test**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 79	% 21	16 - 26
Age Group			
18-34	10	12	4 - 20
35-54	38	22	15 - 29
55+	30	35	24 - 47
Education			
< H.S. Grad.	9	39	15 - 63
High School Grad.	44	26	18 - 33
Some College	17	17	9 - 25
College Grad.	9	10	3 - 17
Household Income			
\$0 - \$19,999	14	30	14 - 46
\$20,000 - \$34,999	20	25	14 - 37
\$35,000+	24	15	9 - 21
Marital Status			
Married	35	17	11 - 22
Divorced/Separated	13	19	9 - 29
Widowed	22	50	33 - 66
Never Married/U.C.	8	25	6 - 44
Other			
Limiting pain in last 30d	23	37	24 - 51
14+ of last 30d sad	10	43	21 - 64
14+ of last 30d anxious	16	23	12 - 34
Activity limitation	16	33	19 - 47
No health insurance	14	45	24 - 65
County			
Anderson	13	32	16 - 49
Coffey	14	19	9 - 30
Franklin	30	22	13 - 30
Osage	21	18	10 - 26

** Female respondents with a uterine cervix who had not had a pap smear within the past two years (among women ages 18 and older).

Table S: Influenza Vaccination*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
	n	%	
Total	62	37	29 - 46
Age Group			
65-74	41	43	31 - 55
75-84	21	30	18 - 42
Gender			
Male	21	43	27 - 58
Female	41	33	24 - 43
Education			
< H.S. Grad.	14	41	23 - 59
High School Grad.	32	40	27 - 53
Some College	12	35	17 - 53
College Grad.	4	17	1 - 34
Household Income			
\$0 - \$19,999	17	44	27 - 60
\$20,000 - \$34,999	19	33	19 - 47
\$35,000+	3	28	0 - 55
Marital Status			
Married	34	44	32 - 56
Not Married	28	27	18 - 36
Other			
Limiting pain in last 30d	7	23	7 - 39
Fair or poor health	14	37	19 - 55
Activity limitation	16	33	19 - 47
Sedentary	38	37	27 - 48
Diabetes	6	33	10 - 57
High blood pressure	27	40	27 - 52
Current smoking	6	44	18 - 70
Overweight	24	39	26 - 53
County			
Anderson	6	29	8 - 51
Coffey	9	26	9 - 43
Franklin	29	40	27 - 53
Osage	15	42	23 - 61

* Respondents who had not received a vaccine to prevent influenza in the last 12 months (among all respondents ages 65 and older).

Table T: Pneumonia Vaccination**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
	n	%	
Total	81	44	36 - 53
Age Group			
65-74	52	52	41 - 64
75-84	29	34	22 - 46
Gender			
Male	24	45	30 - 61
Female	57	44	34 - 53
Education			
< H.S. Grad.	22	49	32 - 66
High School Grad.	36	43	30 - 56
Some College	13	33	16 - 50
College Grad.	10	58	35 - 80
Household Income			
\$0 - \$19,999	23	53	36 - 69
\$20,000 - \$34,999	25	41	26 - 55
\$35,000+	4	32	5 - 59
Marital Status			
Married	38	46	34 - 58
Not Married	43	42	32 - 52
Other			
Limiting pain in last 30d	16	47	29 - 66
Fair or poor health	18	41	23 - 58
Activity limitation	23	44	30 - 59
Sedentary	44	40	30 - 50
Diabetes	5	26	5 - 47
High blood pressure	28	37	24 - 49
Current smoking	5	27	5 - 48
Overweight	30	49	35 - 63
County			
Anderson	10	39	18 - 61
Coffey	11	32	14 - 50
Franklin	36	47	34 - 60
Osage	18	44	25 - 62

** Respondents who had never received a vaccine to prevent pneumococcal disease (among all respondents ages 65 and older).

Table U: Any Activity Limitation *

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 134	% 16	13 - 19
Age Group			
18-24	3	4	0 - 10
25-34	3	2	0 - 5
35-44	19	13	7 - 19
45-54	27	19	12 - 27
55-64	28	24	15 - 32
65-74	21	25	15 - 35
75+	33	34	23 - 45
Gender			
Male	47	16	11 - 20
Female	87	17	13 - 20
Education			
< H.S. Grad.	25	25	15 - 35
High School Grad.	61	15	11 - 19
Some College or College Grad.	29	15	9 - 21
	19	14	8 - 20
Household Income			
\$0 - \$19,999	27	26	16 - 35
\$20,000 - \$34,999	33	17	11 - 23
\$35,000 - \$49,999	22	12	7 - 18
\$50,000+	16	10	5 - 16
Employment			
Employed for wages	50	11	8 - 14
Self-employed	7	9	2 - 16
Not emp. for wages	18	17	8 - 25
Retired	58	34	26 - 42
Other			
14+ of last 30d in pain	45	66	54 - 77
14+ of last 30d sad	17	24	12 - 35
14+ of last 30d anxious	27	22	14 - 31
Fair or poor health	49	43	32 - 54
Sedentary	92	20	16 - 24
Diabetes	19	38	23 - 54
High blood pressure	57	27	20 - 33
Current smoking	28	19	12 - 25
Overweight	67	22	17 - 27
County			
Anderson	16	15	7 - 23
Coffey	22	16	9 - 23
Franklin	55	17	12 - 21
Osage	40	17	12 - 23

* Respondents who reported that they had a limitation in activities (among all respondents).

Table V: Pain Limited Usual Activities**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 154	% 20	17 - 23
Age Group			
18-24	7	11	2 - 20
25-34	14	13	6 - 20
35-44	32	21	14 - 29
45-54	34	26	18 - 34
55-64	30	25	16 - 33
65-74	14	16	8 - 24
75+	21	23	13 - 33
Gender			
Male	54	19	14 - 23
Female	100	21	17 - 25
Education			
< H.S. Grad.	19	27	15 - 38
High School Grad.	81	21	17 - 26
Some College or College Grad.	34	17	11 - 23
	20	15	9 - 22
Household Income			
\$0 - \$19,999	24	25	15 - 36
\$20,000 - \$34,999	42	20	14 - 26
\$35,000 - \$49,999	27	18	12 - 25
\$50,000+	24	16	10 - 23
Employment			
Employed for wages	72	17	13 - 20
Self-employed	11	13	5 - 22
Not emp. for wages	23	30	18 - 42
Retired	47	28	20 - 36
Other			
Activity limitation	67	54	44 - 63
14+ of last 30d sad	30	50	36 - 65
14+ of last 30d anxious	48	44	34 - 54
Fair or poor health	36	34	23 - 45
Sedentary	86	21	16 - 25
Diabetes	14	34	18 - 50
High blood pressure	56	27	21 - 34
Current smoking	33	22	14 - 29
Overweight	68	24	18 - 29
County			
Anderson	19	20	11 - 29
Coffey	27	21	13 - 29
Franklin	60	19	14 - 24
Osage	47	21	15 - 27

** Respondents who reported one or more days in the past 30 where they had pain that limited their activities (among all respondents).

Table W: Sad, Blue, Depressed*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 59	% 7	5 - 9
Age Group			
18-24	1	2	0 - 7
25-34	6	5	1 - 9
35-44	11	6	2 - 9
45-54	14	9	4 - 15
55-64	9	9	2 - 16
65-74	5	6	1 - 11
75+	13	16	7 - 25
Gender			
Male	20	6	3 - 10
Female	39	8	5 - 11
Education			
< H.S. Grad.	9	12	4 - 21
High School Grad.	28	7	4 - 9
Some College or College Grad.	11	7	2 - 11
	11	7	2 - 11
Household Income			
\$0-\$19,999	15	15	7 - 23
\$20,000-\$34,999	13	6	3 - 9
\$35,000-\$49,999	13	7	3 - 12
\$50,000+	6	5	1 - 10
Employment			
Employed for wages	32	7	4 - 10
Self-employed	4	5	0 - 11
Not emp. for wages	5	4	0 - 9
Retired	18	10	5 - 15
Other			
Limiting pain in last 30d	30	18	12 - 25
14+ of last 30d anxious	38	29	20 - 38
Fair or poor health	18	15	7 - 23
Activity limitation	17	11	6 - 17
Sedentary	32	7	4 - 9
Diabetes	7	20	4 - 36
High blood pressure	21	9	5 - 13
Current smoking	18	11	6 - 17
Overweight	27	9	5 - 12
County			
Anderson	7	6	1 - 10
Coffey	10	7	2 - 11
Franklin	24	8	5 - 12
Osage	15	6	3 - 10

* Respondents who reported 14 or more days in the past 30 where they felt sad, blue or depressed (among all respondents).

Table X: Worried, Tense, or Anxious**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 112	% 16	13 - 19
Age Group			
18-24	8	13	4 - 21
25-34	19	17	10 - 25
35-44	26	19	11 - 26
45-54	26	20	12 - 27
55-64	15	16	7 - 24
65-74	10	12	5 - 20
75+	8	8	2 - 14
Gender			
Male	29	10	7 - 14
Female	83	21	17 - 25
Education			
< H.S. Grad.	13	14	6 - 22
High School Grad.	48	15	10 - 19
Some College	22	13	7 - 18
College Grad.	29	24	16 - 32
Household Income			
\$0-\$9,999 - \$19,999	20	20	11 - 29
\$20,000 - \$34,999	29	17	11 - 24
\$35,000 - \$49,999	31	20	13 - 27
\$50,000+	17	13	7 - 18
Employment			
Employed for wages	70	17	13 - 21
Self-employed	6	9	2 - 17
Not emp. for wages	15	21	10 - 31
Retired	20	14	7 - 20
Other			
Limiting pain in last 30d	48	35	26 - 43
14+ of last 30d sad	38	62	46 - 77
Fair or poor health	28	28	17 - 38
Activity limitation	27	23	14 - 31
Sedentary	63	16	12 - 20
Diabetes	11	31	14 - 47
High blood pressure	37	19	13 - 25
Current smoking	37	26	18 - 33
Overweight	51	19	14 - 24
County			
Anderson	12	14	5 - 22
Coffey	17	17	9 - 25
Franklin	43	15	10 - 19
Osage	39	19	13 - 25

** Respondents who reported 14 or more days in the past 30 where they felt worried, tense or anxious (among all respondents).

Table Y: Not Enough Rest or Sleep*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 185	% 25	21 - 28
Age Group			
18-24	24	38	24 - 51
25-34	38	36	26 - 45
35-44	45	29	21 - 37
45-54	37	24	17 - 32
55-64	17	14	7 - 21
65-74	12	14	6 - 22
75+	11	10	4 - 16
Gender			
Male	62	21	16 - 26
Female	123	29	24 - 34
Education			
< H.S. Grad.	19	24	13 - 34
High School Grad.	91	25	20 - 30
Some College	37	22	15 - 29
College Grad.	38	28	20 - 37
Household Income			
\$0 - \$19,999	22	23	13 - 33
\$20,000 - \$34,999	54	27	20 - 34
\$35,000 - \$49,999	51	34	26 - 42
\$50,000+	27	19	12 - 26
Marital Status			
Married	104	24	19 - 28
Divorced/Separated	48	39	29 - 48
Widowed	11	10	4 - 16
Never Married/U.C.	21	29	17 - 41
Other			
14+ of last 30d in pain	33	47	34 - 60
14+ of last 30d sad	31	47	32 - 61
14+ of last 30d anxious	61	54	44 - 64
Fair or poor health	31	28	18 - 38
Diabetes	14	26	12 - 39
Sedentary	108	27	22 - 32
Current smoking	56	41	32 - 50
Overweight	73	24	19 - 30
Activity limitation	43	32	23 - 42
County			
Anderson	23	28	17 - 38
Coffey	30	24	15 - 32
Franklin	73	25	19 - 30
Osage	57	26	20 - 33

* Respondents who reported 14 or more days in the past 30 where they did not get enough rest or sleep (among all respondents).

Table Z: Not Very Healthy and Full of Energy**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 247	% 34	30 - 38
Age Group			
18-24	17	28	15 - 41
25-34	38	39	29 - 49
35-44	55	37	28 - 45
45-54	43	31	22 - 39
55-64	29	27	18 - 36
65-74	24	26	16 - 36
75+	40	50	38 - 63
Gender			
Male	84	29	23 - 35
Female	163	38	33 - 43
Education			
< H.S. Grad.	33	38	26 - 51
High School Grad.	115	33	28 - 39
Some College	60	35	27 - 44
College Grad.	39	30	21 - 38
Household Income			
\$0 - \$19,999	41	46	33 - 58
\$20,000 - \$34,999	65	36	29 - 44
\$35,000 - \$49,999	50	34	25 - 42
\$50,000+	35	25	17 - 33
Employment			
Employed for wages	142	34	29 - 39
Self-employed	20	28	16 - 39
Not emp. for wages	19	24	13 - 35
Retired	64	39	31 - 48
Other			
14+ of last 30 in pain	47	65	53 - 77
14+ of last 30d sad	47	80	67 - 93
14+ of last 30d anxious	68	62	52 - 73
Fair or poor health	54	55	42 - 67
Sedentary	143	36	30 - 41
Diabetes	20	44	27 - 60
High blood pressure	83	40	32 - 47
Current smoking	66	45	36 - 54
Activity limitation	74	58	49 - 68
County			
Anderson	34	40	28 - 51
Coffey	40	32	23 - 41
Franklin	100	35	28 - 41
Osage	70	33	25 - 40

** Respondents who reported 14 or more days in the past 30 where they did not feel healthy and full of energy (among all respondents).

Table AA: Two or More Hours of TV*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 87	% 50	42 - 57
Age of Oldest Child			
0-4	17	32	19 - 45
5-9	31	51	39 - 64
10-15	33	54	40 - 67
16-17	6	71	38 - 100
Educ of Respondent			
< H.S. Grad.	5	56	23 - 89
High School Grad.	38	49	38 - 61
Some College	19	47	30 - 63
College Grad.	25	51	37 - 66
Household Income			
\$0 - \$19,999	7	66	38 - 94
\$20,000 - \$34,999	24	52	37 - 67
\$35,000 - \$49,999	30	52	39 - 66
\$50,000+	18	42	27 - 58
Marital of Respond			
Married	63	52	43 - 61
Divorced/Separated	21	49	33 - 65
Never Married/U.C	3	36	3 - 69
Other			
Media Content Rules ¹	17	62	44 - 81
TV Hours Rules ²	31	60	45 - 74
Any day Unsupervised ³	9	83	60 - 100
>1 Household ⁵	14	44	26 - 62
No Bedtime Rules ⁶	4	50	13 - 87
County			
Anderson	17	63	44 - 81
Coffey	17	55	37 - 73
Franklin	24	37	25 - 50
Osage	29	57	43 - 71

* Youngest child watched two or more hours of television on the previous day (among children ages one to 17, weighted to children ages one to 17).

Table BB: No Rules About Programs, Movies, Video Games**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 32	% 24	16 - 32
Age of Oldest Child			
5-9	14	22	12 - 33
10-15	14	22	11 - 32
16-17	4	39	8 - 70
Educ of Respondent			
< H.S. Grad.	3	45	3 - 87
High School Grad.	18	27	16 - 39
Some College	7	28	10 - 47
College Grad.	4	11	0 - 21
Household Income			
\$0 - \$19,999	5	38	11 - 66
\$20,000 - \$34,999	5	19	3 - 34
\$35,000+	17	22	12 - 32
Marital of Respond			
Married	23	26	16 - 35
Divorced/Separated	8	21	8 - 35
Other			
TV Hours Rules ²	23	43	29 - 57
Any Day Unsupervised ³	1	13	0 - 37
2+ Hours of TV ⁴	17	27	16 - 39
>1 Household ⁵	6	20	5 - 36
No Bedtime Rules ⁶	4	43	9 - 78
County			
Anderson	6	35	12 - 58
Coffey	4	16	1 - 31
Franklin	15	31	17 - 44
Osage	7	16	5 - 28

** Respondents who reported no rules about program/movie content or no rules about video game content for youngest child (among children ages one to 17, weighted to children ages one to 17)

¹ Respondent reporting no rules about program/movie content or no rules about video game content for oldest child

² Respondents reporting no rules about number of hours of TV per day for oldest child

³ Respondents reporting oldest child unsupervised after school one or more days per week

⁴ Respondents reporting that oldest child spent two or more hours watching television on previous day

⁵ Respondents reporting that oldest child splits time between separate households

⁶ Respondents reporting absence of rules about bedtime on school nights for oldest child

Table CC: Afraid to Leave Home at Night*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 102	% 12	10 - 15
Age Group			
18-24	7	11	2 - 20
25-34	15	15	8 - 23
35-44	14	10	4 - 16
45-54	18	13	7 - 19
55-64	16	11	5 - 16
65-74	14	9	4 - 14
75+	18	17	9 - 24
Gender			
Male	9	3	1 - 6
Female	93	20	16 - 24
Education			
< H.S. Grad.	17	20	10 - 31
High School Grad.	52	12	9 - 16
Some College	19	10	5 - 15
College Grad.	14	9	4 - 14
Household Income			
\$0 - \$19,999	25	25	15 - 36
\$20,000 - \$34,999	28	13	8 - 19
\$35,000 - \$49,999	17	9	5 - 14
\$50,000+	14	10	4 - 15
Marital Status			
Married	53	11	8 - 14
Divorced/Separated	13	9	4 - 14
Widowed	23	22	12 - 32
Never Married/U.C.	10	15	5 - 26
Other			
Witn crime past year	5	17	2 - 31
Unsafe neighborhood	18	36	21 - 51
Rent home	23	15	8 - 22
Have gun at home	32	9	5 - 12
Know victim of DV***	18	17	9 - 24
County			
Anderson	13	10	4 - 16
Coffey	12	10	4 - 16
Franklin	52	16	11 - 21
Osage	21	7	4 - 11

* Respondents who reported being very, somewhat, or a little afraid to leave their home at night (among all respondents).

*** Domestic Violence

Table DD: Known or Seen Someone Hurt by Partner**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 92	% 13	10 - 15
Age Group			
18-24	10	16	6 - 25
25-34	25	25	16 - 34
35-44	26	17	10 - 23
45-54	19	12	6 - 17
55-64	5	6	0 - 13
65+	6	3	0 - 6
Gender			
Male	25	10	6 - 14
Female	67	15	11 - 19
Education			
< H.S. Grad.	6	6	1 - 11
High School Grad.	29	9	5 - 12
Some College	29	17	11 - 23
College Grad.	28	22	14 - 30
Household Income			
\$0 - \$19,999	9	10	3 - 16
\$20,000 - \$34,999	23	12	7 - 17
\$35,000 - \$49,999	26	18	11 - 24
\$50,000+	21	15	9 - 22
Marital Status			
Married	53	13	9 - 16
Divorced/Separated	24	19	11 - 27
Widowed	3	2	0 - 5
Never Married/U.C.	10	13	4 - 21
Other			
Afraid to leave home	18	18	10 - 26
Unsafe neighborhood	13	28	14 - 42
Rent home	23	17	10 - 25
Have gun at home	46	13	9 - 17
Witnessed crime past yr	7	31	10 - 51
County			
Anderson	17	20	11 - 29
Coffey	10	7	2 - 11
Franklin	34	12	8 - 16
Osage	30	15	9 - 20

** Respondents who reported knowing or seeing someone who was beaten or otherwise hurt by a husband, wife, boyfriend, or girlfriend during the past year (among all respondents).

Table EE: No Recent Dental Visit*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 194	% 27	24 - 31
Age Group			
18-24	13	28	14 - 41
25-34	19	16	9 - 23
35-44	30	24	15 - 34
45-54	23	19	11 - 26
55-64	37	36	25 - 46
65-74	34	37	25 - 49
75+	38	48	35 - 61
Gender			
Male	76	31	24 - 37
Female	118	24	20 - 29
Education			
< H.S. Grad.	39	54	41 - 67
High School Grad.	105	28	23 - 34
Some College	37	27	18 - 35
College Grad.	13	10	4 - 15
Household Income			
\$0 - \$19,999	37	39	27 - 50
\$20,000 - \$34,999	62	33	25 - 40
\$35,000 - \$49,999	29	21	14 - 29
\$50,000+	14	10	4 - 15
Employment			
Employed for wages	79	21	16 - 25
Self-employed	19	30	16 - 44
Not emp. for wages	22	32	19 - 44
Retired	72	43	35 - 52
Other			
Current smoking	55	40	31 - 48
Fair or poor health	52	58	47 - 70
Activity limitation	54	42	32 - 51
No health insurance	28	49	33 - 64
No dental insurance	120	40	34 - 47
Need dental services	56	38	30 - 47
County			
Anderson	34	38	27 - 49
Coffey	31	27	17 - 37
Franklin	66	22	16 - 27
Osage	60	32	25 - 40

* Respondents who reported no dental visit in the past two years (among all respondents).

Table FF: In Need of Dental Services**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 150	% 21	17 - 24
Age Group			
18-24	14	22	11 - 34
25-34	22	20	12 - 28
35-44	29	21	13 - 29
45-54	30	24	16 - 32
55-64	20	19	10 - 27
65-74	17	16	8 - 24
75+	18	22	12 - 32
Gender			
Male	60	22	17 - 27
Female	90	20	16 - 24
Education			
< H.S. Grad.	17	22	12 - 32
High School Grad.	77	22	17 - 27
Some College	35	22	14 - 29
College Grad.	21	16	9 - 23
Household Income			
\$0 - \$19,999	29	33	22 - 44
\$20,000 - \$34,999	36	18	12 - 24
\$35,000 - \$49,999	34	21	14 - 27
\$50,000+	20	18	10 - 25
Employment			
Employed for wages	86	21	17 - 25
Self-employed	14	20	10 - 30
Not emp. for wages	18	26	14 - 37
Retired	31	18	12 - 25
Other			
Fair or poor health	30	32	21 - 42
Activity limitation	35	28	19 - 37
No health insurance	24	37	23 - 51
No dental insurance	79	26	20 - 31
No dental visit in 2 years	56	29	21 - 36
County			
Anderson	20	23	13 - 33
Coffey	23	19	11 - 27
Franklin	63	23	17 - 28
Osage	42	19	13 - 25

** Respondents who reported being in need of any dental services including fillings, crowns, root canals, teeth pulled, dentures or partials (among all respondents).

Table GG: Any Firearm in the Home*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 335	% 47	44 - 51
Household Income			
\$0 - \$19,999	31	33	23 - 42
\$20,000 - \$34,999	92	49	41 - 56
\$35,000 - \$49,999	78	53	45 - 61
\$50,000+	88	70	61 - 78
Marital of Respond			
Married	243	60	55 - 64
Divorced/Separated	44	35	27 - 44
Widowed	17	18	10 - 26
Never Married/U.C	31	45	33 - 57
Other			
Any child in home	111	45	47 - 61
Unsafe neighborhood	20	43	28 - 57
3+ adults in home	36	52	40 - 64
Rent home	43	32	24 - 40
Binge Drinking	42	60	47 - 73
Chronic Drinking	15	71	49 - 92
County			
Coffey	60	54	45 - 63
Anderson	46	52	42 - 64
Franklin	135	47	41 - 53
Osage	90	45	38 - 52

* Respondents who reported keeping a firearm in or around the home including in garage, storage area, or motor vehicle (among all respondents, household weight).

Table HH: Binge Drinking**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 77	% 13	10 - 16
Age Group			
18-24	18	32	19 - 46
25-34	21	19	11 - 27
35-44	20	18	9 - 26
45-54	11	10	4 - 15
55-64	3	4	0 - 8
65+	4	2	0 - 5
Gender			
Male	49	18	13 - 24
Female	28	8	5 - 11
Education			
< H.S. Grad.	4	8	0 - 16
High School Grad.	37	11	8 - 15
Some College	21	17	9 - 25
College Grad.	15	16	8 - 23
Household Income			
\$0 - \$19,999	8	15	5 - 25
\$20,000 - \$34,999	27	15	9 - 21
\$35,000 - \$49,999	18	12	7 - 18
\$50,000+	15	14	7 - 21
Employment			
Employed for wages	61	17	13 - 22
Self-employed	9	15	5 - 24
Not emp. for wages	5	10	1 - 18
Retired	1	1	0 - 2
Other			
Limiting pain past 30d	14	11	5 - 17
14+ of last 30d sad	6	10	2 - 18
14+ of last 30d tense	19	17	10 - 25
Activity limitation	7	7	1 - 12
Have gun at home	42	14	10 - 19
Any child in home	34	19	13 - 25
Overweight	29	13	8 - 17
Current smoker	31	25	17 - 33
County			
Anderson	8	11	3 - 18
Coffey	16	19	9 - 28
Franklin	33	13	9 - 18
Osage	20	12	6 - 17

** Respondents who reported have 5 or more drinks of alcohol on at least one occasion during the past 30 days (among all respondents).

Table II: Injured*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 86	% 12	9 - 14
Age Group			
18-24	5	13	2 - 24
25-34	14	13	7 - 20
35-44	25	17	10 - 24
45-54	14	15	5 - 15
55-64	17	14	7 - 22
65+	11	6	2 - 9
Gender			
Male	31	12	8 - 16
Female	55	12	8 - 15
Education			
< H.S. Grad.	6	5	1 - 10
High School Grad.	47	14	9 - 18
Some College	18	12	6 - 17
College Grad.	15	11	5 - 17
Household Income			
\$0 - \$19,999	16	17	8 - 27
\$20,000 - \$34,999	25	12	7 - 17
\$35,000 - \$49,999	23	18	11 - 24
\$50,000+	9	8	3 - 13
Employment			
Employed for wages	50	13	9 - 16
Self-employed	10	12	4 - 20
Not emp. for wages	11	11	3 - 19
Retired	13	9	3 - 14
Other			
Binge drinking	11	16	6 - 25
14+ of last 30d sad	11	16	6 - 25
14+ of last 30d tense	24	23	14 - 31
Activity limitation	24	19	11 - 26
14+ of last 30d in pain	24	33	21 - 45
Fair or poor health	18	17	8 - 26
Overweight	40	15	10 - 20
Diabetes	12	28	12 - 43
County			
Anderson	12	14	6 - 23
Coffey	19	14	7 - 20
Franklin	36	12	8 - 17
Osage	19	10	5 - 15

* Respondents who reported an injury severe enough during the past year to keep them from usual activities for at least one day (among all respondents).

Table JJ: Exposure to Smoking in Home or Unrestricted Smoking in Workplace**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 89	% 18	15 - 22
Age Group			
18-24	9	26	11 - 42
25-34	17	18	9 - 26
35-44	23	28	18 - 39
45-54	22	25	15 - 35
55-64	14	18	9 - 27
65+	4	4	0 - 8
Gender			
Male	57	27	21 - 34
Female	32	10	7 - 14
Education			
< H.S. Grad.	7	16	5 - 28
High School Grad.	54	23	17 - 29
Some College	18	16	9 - 23
College Grad.	10	10	4 - 16
Household Income			
\$0 - \$19,999	8	15	4 - 25
\$20,000 - \$34,999	26	21	13 - 28
\$35,000 - \$49,999	22	20	12 - 28
\$50,000+	21	21	12 - 30
Employment			
Employed for wages	60	23	18 - 28
Self-employed	18	31	17 - 45
Not emp. for wages	6	10	2 - 19
Retired	4	4	0 - 9
Marital Status			
Married	58	18	14 - 22
Divorced/Separated	17	22	12 - 32
Widowed	3	7	0 - 17
Never Married/U.C	11	27	12 - 41
County			
Anderson	12	22	10 - 33
Coffey	14	15	8 - 23
Franklin	38	19	13 - 26
Osage	24	18	11 - 25

** Non-smokers who report persons smoking in their home or report absence of smoking restrictions in their workplace (among all respondents).

Table KK: Low Satisfaction with Health Care*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 75	% 11	8 - 13
Age Group			
18-24	5	11	1 - 21
25-34	14	12	6 - 19
35-44	17	13	6 - 19
45-54	17	14	7 - 20
55-64	9	11	3 - 18
65+	13	6	3 - 9
Gender			
Male	36	14	9 - 18
Female	39	8	6 - 11
Education			
< H.S. Grad.	9	12	4 - 20
High School Grad.	37	11	8 - 15
Some College	17	10	5 - 16
College Grad.	12	10	4 - 15
Household Income			
\$0 - \$19,999	17	19	10 - 29
\$20,000 - \$34,999	19	10	5 - 15
\$35,000 - \$49,999	18	12	7 - 18
\$50,000+	10	8	3 - 14
Employment			
Employed for wages	48	13	9 - 16
Self-employed	6	9	2 - 17
Not emp. for wages	5	7	0 - 14
Retired	16	9	4 - 13
Marital Status			
Married	41	10	7 - 14
Divorced/Separated	20	20	11 - 28
Widowed	7	7	2 - 13
Never Married/U.C	6	7	1 - 13
Other			
No health insurance	8	15	4 - 25
No usual source of care	6	13	3 - 24
Miss visit due to cost	13	21	9 - 33
Fair or poor proximity	15	21	11 - 31
Lost access past 5 yr	7	8	2 - 14
County			
Anderson	10	10	3 - 17
Coffey	10	12	5 - 19
Franklin	35	12	8 - 16
Osage	19	10	5 - 15

*Respondents who rated their satisfaction with overall health care as fair or poor among those who use health care services (among all respondents)

Table LL: Poor Proximity to Health Care**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 75	% 11	8 - 14
Age Group			
18-24	8	14	3 - 25
25-34	15	15	8 - 23
35-44	21	17	10 - 25
45-54	12	9	4 - 14
55-64	9	6	2 - 10
65+	10	5	2 - 9
Gender			
Male	27	12	7 - 16
Female	48	10	7 - 13
Education			
< H.S. Grad.	10	11	4 - 18
High School Grad.	31	9	6 - 12
Some College	17	13	7 - 20
College Grad.	17	13	7 - 20
Household Income			
\$0 - \$19,999	9	8	2 - 14
\$20,000 - \$34,999	18	9	4 - 15
\$35,000 - \$49,999	22	17	10 - 23
\$50,000+	16	14	7 - 20
Employment			
Employed for wages	45	11	8 - 15
Self-employed	11	21	8 - 35
Not emp. for wages	5	7	1 - 14
Retired	14	7	3 - 11
Marital Status			
Married	42	11	8 - 14
Divorced/Separated	16	12	6 - 18
Widowed	6	5	1 - 9
Never Married/U.C	11	16	5 - 27
Other			
No health insurance	8	11	3 - 19
No usual source of care	4	12	0 - 24
Miss visit due to cost	4	5	0 - 11
Lost access past 5 yr	11	12	5 - 19
Fair or poor satisfaction	15	21	11 - 31
County			
Anderson	14	19	10 - 29
Coffey	8	5	2 - 9
Franklin	25	9	5 - 12
Osage	24	13	8 - 19

** Respondents who rated travel time or distance to site of health care as fair or poor among those with a usual source of health care (among all respondents)

Table MM: Lost Access to Doctor*

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 94	% 15	12 - 18
Age Group			
18-24	4	8	0 - 16
25-34	18	20	12 - 29
35-44	19	17	9 - 25
45-54	20	18	10 - 25
55-64	11	11	4 - 18
65+	22	12	7 - 17
Gender			
Male	25	13	8 - 17
Female	69	17	13 - 21
Education			
< H.S. Grad.	7	11	2 - 20
High School Grad.	42	14	9 - 18
Some College	23	16	9 - 22
College Grad.	22	20	12 - 28
Household Income			
\$0 - \$19,999	15	18	9 - 26
\$20,000 - \$34,999	17	10	5 - 15
\$35,000 - \$49,999	22	18	11 - 25
\$50,000+	18	17	9 - 25
Employment			
Employed for wages	52	16	12 - 20
Self-employed	6	9	1 - 16
Not emp. for wages	12	18	8 - 29
Retired	24	13	8 - 18
Marital Status			
Married	60	16	12 - 20
Divorced/Separated	14	14	6 - 23
Widowed	12	12	5 - 18
Never Married/U.C	7	10	2 - 17
Other			
No health insurance	9	18	6 - 30
No usual source of care	4	13	0 - 28
Miss visit due to cost	10	16	6 - 27
Fair or poor proximity	11	15	6 - 24
Fair or poor satisfaction	7	11	3 - 19
County			
Anderson	11	13	5 - 21
Coffey	10	9	3 - 15
Franklin	44	17	12 - 22
Osage	27	16	10 - 22

* Respondents who reported changing doctors in past two years due to change of job, insurance, money owed, or provider absence (among all respondents).

Table NN: No Recent Tetanus Shot**

Sub-population	# of Resp at Risk	Percent of Subpop at Risk	95% CI
Total	n 208	% 29	25 - 33
Age Group			
18-24	6	12	2 - 21
25-34	27	28	18 - 37
35-44	29	24	15 - 33
45-54	36	31	22 - 40
55-64	30	28	18 - 38
65-74	38	35	24 - 46
75+	42	51	38 - 64
Gender			
Male	54	22	16 - 28
Female	154	35	30 - 40
Education			
< H.S. Grad.	34	45	31 - 58
High School Grad.	92	24	19 - 29
Some College	44	27	18 - 35
College Grad.	38	35	25 - 44
Household Income			
\$0 - \$19,999	41	42	31 - 54
\$20,000 - \$34,999	45	22	16 - 29
\$35,000 - \$49,999	35	24	16 - 31
\$50,000+	38	34	24 - 43
Employment			
Employed for wages	98	25	20 - 30
Self-employed	13	21	9 - 33
Not emp. for wages	19	29	16 - 41
Retired	75	41	33 - 50
Marital Status			
Married	114	29	24 - 34
Divorced/Separated	24	21	13 - 29
Widowed	54	59	47 - 70
Never Married/U.C	12	15	6 - 24
Other			
No health insurance	15	25	10 - 40
No usual source of care	20	32	17 - 46
Miss visit due to cost	18	27	13 - 40
Fair or poor proximity	13	14	6 - 21
Fair or poor satisfaction	24	31	19 - 42
County			
Anderson	43	43	32 - 55
Coffey	31	32	21 - 43
Franklin	81	28	22 - 34
Osage	46	20	14 - 26

** Respondents who reported not receiving a tetanus shot in the past 10 years (among all respondents).

TECHNICAL NOTES

Methodology

Background

The Behavior Risk Survey of Anderson, Coffey, Franklin and Osage Counties was conducted at the request of the District 4 Juvenile Justice Authority as part of a special series of surveys sponsored by the Kansas Health Foundation. This survey was based on methodology and survey content used by the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national data collection system, coordinated by the Centers for Disease Control and Prevention, designed to enable public health professionals to assess health risk factors known to contribute to or increase the risk of chronic and communicable disease, acute illness, injury, disability, and premature death. Kansas has conducted the statewide BRFSS every year since 1992.

Sampling

The telephone survey was conducted using a simple random digit dialing sampling method. Area codes and prefix listings in use in the four county area during 1999 were obtained from files available from Southwestern Bell, prior statewide surveys, and consultation with sponsors of the survey in the four county area. Using this six digit number (area code and prefix), the Health Risk Studies Program within the Bureau of Health Promotion generated a random sample of all telephone exchanges in the four county area. The six digits were then assigned all possible four digit suffixes, from which a randomly selected sample was obtained for use in the survey. Pre-screening of the sample was conducted to eliminate businesses, institutions, and non-working numbers. Potential working telephone numbers were dialed during three separate calling periods (daytime, evening, and weekends) for a total of 15 call attempts before being replaced. Upon reaching a valid residential number, one household member aged 18 or older was randomly selected. This selection process cross-referenced the last digit in the telephone number with the number of adults in the household to eliminate potential over-sampling and bias in the sample. If the selected respondent was not available, an appointment was made to call at a later date. If the selected respondent could not be reached during the survey calling period or refused to participate, that telephone number was replaced with another randomly selected number.

Because households were selected by random telephone number and no identifying information was solicited, all responses to this survey were anonymous. Between June 1998 and July 1999, 750 residents of the four counties were interviewed.

Data Collection

Residents of Anderson, Coffey, Franklin and Osage Counties were interviewed by telephone using a standardized questionnaire prepared from BRFSS modules used by the Centers for Disease Control and Prevention (CDC) or developed specifically to meet the information needs

of the four counties. The survey consisted, in part, of core modules used in all the counties participating in this Kansas Health Foundation funded project. Topics covered by the core modules were health status, health care access, hypertension awareness, cholesterol awareness, diabetes, exercise, seat belt use, tobacco use, smokeless tobacco use, demographics, breast and cervical cancer screening, adult immunization, HIV/AIDS, and quality of life. Additional questions were selected from optional modules available from CDC or previously used in the Kansas BRFSS. These modules were health of children, parenting, violence and crime, social context, oral health, firearms, alcohol consumption, injury, passive smoke, health care coverage, health care utilization, and preventive care.

Weighting Procedure

Weighting is a process by which the survey data are adjusted to account for unequal selection probability and more accurately represent the population from which the sample was drawn. The weighting process for the survey data used the same formula which is used nationwide in the BRFSS. The responses of each person interviewed were assigned a weight which accounted for the number of telephone numbers in the household, the number of adults in the household, and the demographic distribution of the sample. By weighting the data, the responses were adjusted to compensate for the over-representation or under-representation of particular subgroups. Alterations in the weighting formulas were made to arrive at estimates for prevalence in a household and among children in specific age groups. The following tables present a description of the sample before and after weighting of the data and compares age and sex breakdown to census estimates.

Demographic Characteristic	Unweighted Sample (%)	Weighted Sample (%)	Census Estimate (%)
Age			
18-24	7.5	10.9	10.8
25-34	14.1	15.7	15.6
35-44	19.6	20.6	20.5
45-54	18.8	18.7	19.1
55-64	14.3	12.9	12.8
65+	25.6	21.1	21.1
Sex			
Male	37.2	48.4	48.4
Female	62.8	51.6	51.6

Demographic Characteristics	Unweighted Sample (%)	Weighted Sample (%)
Education		
<HS Graduate	11.1	11.4
HS Diploma	48.3	48.9
Some College	22.9	22.7
College Graduate	17.7	17.1
Refused	0	0
Income		
\$0 - \$9,999	2.4	1.6
\$10,000 - \$19,999	10.4	9.7
\$20,000 - \$34,999	26.3	26.3
\$35,000 - \$49,999	20.5	21.7
\$50,000+	17.5	19.3
Unknown/Refused	22.9	21.5
Employment		
Employed for Wages	56.0	59.6
Self-Employed	9.1	9.3
Not Employed for Wages	9.2	10.0
Retired	25.1	20.5
Refused	0.7	0.7
Marital Status		
Married	58.7	67.9
Divorced/Separated	17.0	12.2
Widowed	13.7	8.1
Never Married/Unmarried Couple	9.4	11.2
Refused	1.2	0.6

Data Analysis

The charts and tables of the various risk factors presented in this document are broken down by age, gender, education level, income level, employment status, marital status, county, and various other factors likely to be associated with each specific risk factor. In the calculation of the percentage of the population at risk for specific health behaviors, respondents who indicated "don't know" or "refused" were not included. This causes some variation in sample size from question to question. When the results are generalized to the population, an assumption was made that the proportion of respondents at risk was the same for those with missing or unknown information as for those who provided adequate information. The percentage of missing or unknown responses was small for all questions except income for which 23% of responses were missing or unknown.

Data Reliability

Telephone interviewing has been demonstrated to be a reliable method for collecting behavioral risk data and can cost three to four times less than other interviewing methods such as mail-in interviews or face-to-face interviews. The BRFSS methodology has been utilized and evaluated by the CDC and other participating states since 1984. Content of survey questions,

questionnaire design, data collection procedures, surveying techniques, and editing procedures have been thoroughly evaluated to maintain overall data quality and to lessen the potential for bias within the population sample.

Stratification of Data in Analysis

The complete demographic breakdown for selected risk factors can be found in the detailed tables section of this document. The breakdown of age, employment, marital status, and income were varied according to the size of the stratified sample. In the profile chapters of the ten selected health issues, cell sizes were adjusted to above 20 individuals whenever possible. Smaller cell sizes were allowed in the tables in the appendices but the number of respondents is included to permit judgement about the stability of the proportion. Cell sizes smaller than 50 can provide unstable results, and cell sizes below 20 should be considered highly unstable (i.e., subject to fluctuation depending on the sample drawn.) The risk tables include a confidence interval for each percentage estimate. This represents a statistical test which should be used to assess the reliability of the estimate. This is discussed further in the introduction to those tables.

The education categories are comprised of those with less than a high school diploma, high school graduate, some college (i.e. technical or vocational school and partial college education with less than a four year degree), and college graduate (those who have a 4 year college degree and/or a postgraduate degree). Annual household income categories are \$0-\$19,999, \$20,000-\$34,999, \$35,000-\$49,999, \$50,000+; however, it was sometimes necessary to collapse categories to obtain cell sizes over 20. The employment status category is comprised of people who are employed for wages, self-employed, retired, and those who are not employed (those out of work, homemakers, students, and those unable to work). Marital status is comprised of married, divorced or separated, widowed, and never married or unmarried couples. Responses were aggregated by county of residence for the purpose of geographic comparison.

Limitations

Sampling The BRFSS survey samples the population using a technique which is discussed in the methodology section. Sampling yields results which are an estimate of the true answer for the entire population. The more persons that are interviewed, the greater the precision of the estimate. When the data are subdivided to look at sub-populations (e.g., an age subgroup) these estimates will be less precise; if the number of persons interviewed was small because the subgroup represents a small fraction of the population (e.g., diabetics less than 30 years old), the estimate may become too uncertain to be of value.

Because the survey is conducted by telephone, persons without telephones could not be reached. Since phone ownership is highly correlated to income, persons without a phone are more likely to be poor than persons with a telephone. This will potentially affect questions with responses that are highly dependent on income (e.g., health insurance) more than other questions. However, because phone ownership is high in Kansas (greater than 95%), it is unlikely that failing to reach these persons will substantially alter results.

Questionnaire Design and Administration

How a question is written and which questions preceded it in the questionnaire can

influence responses in unpredictable ways. Not all the questions used in the survey have been tested to ensure that all persons understand the intended meaning. Those that come from modules created by the Centers for Disease Control and Prevention usually have been tested, while those in state modules may or may not have been tested, depending on the source of the question. Furthermore, not all questions are equally easy for respondents to answer. While it may be easy for a respondent to provide a personal opinion, it may be much harder to recall a past event (last mammogram) or provide factual information (household income).

Interviewers are trained and monitored to ensure that they administer the survey in a neutral voice and read the written question verbatim and without comment. Nonetheless, it is possible for the interviewer to bias the results through tone of voice or administration technique. Coding errors may also occur if the interviewer types in the wrong response to the question. In addition, the person being interviewed may alter his or her response to give the interviewer the most socially acceptable answer. This may be a problem especially for questions which may have a perceived stigma (e.g., HIV risk).

Response Rate

The upper bound response rate for the FOCA survey was 75%. The upper bound formula* is based on the number of eligible households reached and the number of interviews completed. However, in addition to those persons who refused to answer questions, lack of response can also arise because household members were not available despite repeated call attempts, or household members refuse to pick up the phone based on what they discern from caller ID. The bias from non-response cannot be removed; it is not possible to know if those who refused to respond would have answered the questions in approximately the same ways as those who responded.

Confounding and Causation

Relationships between risk factors and personal characteristics which are presented in this document are univariate (i.e., examine each risk factor in relationship to only one characteristic at a time); however, the complexity of health associations are not fully represented by examining single relationships. For example, an examination of heart disease and employment status might show a greater prevalence of heart disease among persons who are retired than among persons who are employed. However, persons who are retired are expected to have a greater average age than persons who are employed; consequently, this relationship might entirely disappear if we removed the effects of age. (If this were the case we would say that the relationship between heart disease and employment status was being confounded by age.)

Likewise, this document does not attempt to explain the causes of the health effects examined. For instance, BRFSS data might show a higher prevalence of heart disease among smokers, but one should not conclude from this that smoking causes heart disease. That smoking is indeed a causal factor for heart disease is apparent from a large body of scientific data, but that is not a conclusion that can be drawn from a cross-sectional survey such as this. Rather this is a “snapshot” of disease, risk factors, and population characteristics for adult residents of Anderson, Coffey, Franklin, and Osage Counties at a point in time.

* Upper bound response=number of complete interviews / (completes + refusals+terminations)

